

Agreed in accordance with the Order
in Case No. 139-3/139-4. 7/9/71 70

FILE NOTATIONS

Entered in NID File ✓
Location Map Pinned ✓
Card Indexed ✓

Checked by Chief *MS*
Approval Letter
Disapproval Letter

COMPLETION DATA:

Date Well Completed

Location Inspected

OW..... WW..... TA.....

Bond released

GW..... OS..... PA.....

State or Fee Land

LOGS FILED

Driller's Log.....

Electric Logs (No.)

E..... I..... Dual I Lat..... GR-N..... Micro.....

BHC Sonic CR..... Lat..... MI-L..... Sonic.....

CDLog..... CLog..... Others.....

6.33 (W)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐OTHER ☐SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

TEKACO Inc. - Producing Dept. - Rock Mtns.

3. ADDRESS OF OPERATOR

Box 810, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

2078' ~~3108'~~ f No. & 1855' f E Lines

At proposed prod. zone

Same

SESWNE

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

6 mi. West & 3 1/2 Mi. No. of Duchesne, Utah

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drig. unit line, if any)

1855'

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

Wildcat

16. NO. OF ACRES IN LEASE

640

19. PROPOSED DEPTH

10,400

17. NO. OF ACRES ASSIGNED
TO THIS WELL

640

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

6048 Ungraded Ground

22. APPROX. DATE WORK WILL START*

July 9, 1971

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	133/8"	54.5#	800'	To Surface
12-1/4"	9-5/8"	40#	8500'	600 sz. 50-90 posmix, 150 sz
8-3/4"	7"	23 & 26#	7300 to 10,400	4/0 posmix

Well will be drilled to a maximum total depth of 10,500 ft., Straight hole surveys will be taken, drill stem tests will be taken in the Green River and Wasatch formations. Samples will be taken @ 20' intervals from surface to 2000' and 10' intervals from 2000 ft. to TD. Location plates and TEKACO Blowout Preventer. Assembly Standard #3 are attached.

139-3/439-4
CONFIDENTIAL

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

JUL 7 1971

SIGNED: G. L. EATON

TITLE DIST. SUPT.

DATE

(This space for Federal or State office use)

PERMIT NO.

13-013-30068

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS(3)-OGCC(2)-HNB-KNN-OLE
SLC SLC

*See Instructions On Reverse Side

Minimum requirements for the equipment are:

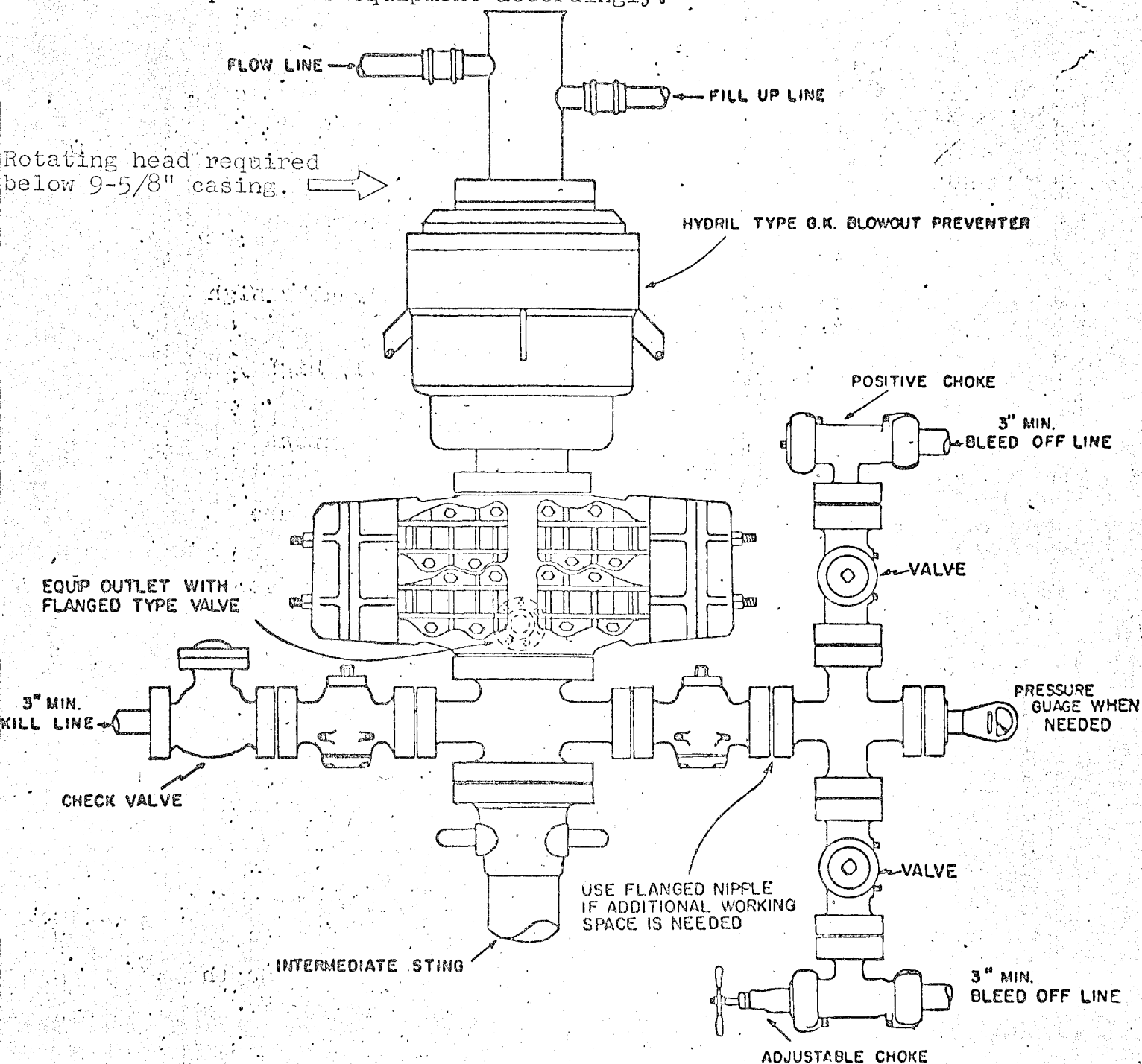
1. Blowout preventer is to be mechanically and hydraulically operated. The preventers must be complete with dual controls - one on the rig floor and the other for operating the preventers from a distance of at least 75 feet from the drilling rig. All steel tubing and connections must be used between the hydraulic controls and the blowout preventer.

2. Hydril and preventer are to be served by accumulator type closing device.

3. Pressure rating to be proportional with depth and expected pressure

4. Kelly cock must be used at all times and should be checked daily.

5. Company will furnish 13-3/8" slip-on x 12" series 900 casing head and 10" series 1500 casing head spool for this well. Contractor will furnish preventer equipment accordingly.



NOTE: BLOWOUT PREVENTER MUST HAVE DOUBLE RAMS; ONE BLIND & ONE PIPE RAM. OR THE EQUIPMENT MUST CONSIST OF TWO BLOWOUT PREVENTERS, ONE EQUIPPED WITH BLIND RAMS & THE OTHER WITH PIPE RAMS. ALWAYS PLACE THE BLIND RAMS IN THE TOP PREVENTER.

APPROVED
[Signature]
[Signature]

TEXACO INC.	
BLOWOUT PREVENTER ASSEMBLY STANDARD NO. 3	
DRAWN BY <u>M.B.D.</u>	CHKD. BY <u>E.S.T.</u>
DATE <u>11-2-58</u>	FILE <u>448,000</u>
REVISED <u> </u>	SERIAL <u>X-142-2</u>

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐

OTHER

SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

TEXACO Inc. - Prod. Dept. - Rocky Mtns.

3. ADDRESS OF OPERATOR

Box 810, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

2078' f/No. and 1855' f/E.

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED
TO THIS WELL18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

20. ROTARY OR CABLE TOOLS

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

22. APPROX. DATE WORK WILL START*

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

SUPPLEMENT

To correct initial application which indicated location of well is 2708 feet from the No. Line. Location is 2078 feet from No. line and corrected survey plot is attached. Off center location due to terrain.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

J L Eaton

TITLE

District Superintendent

DATE

7-13-71

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

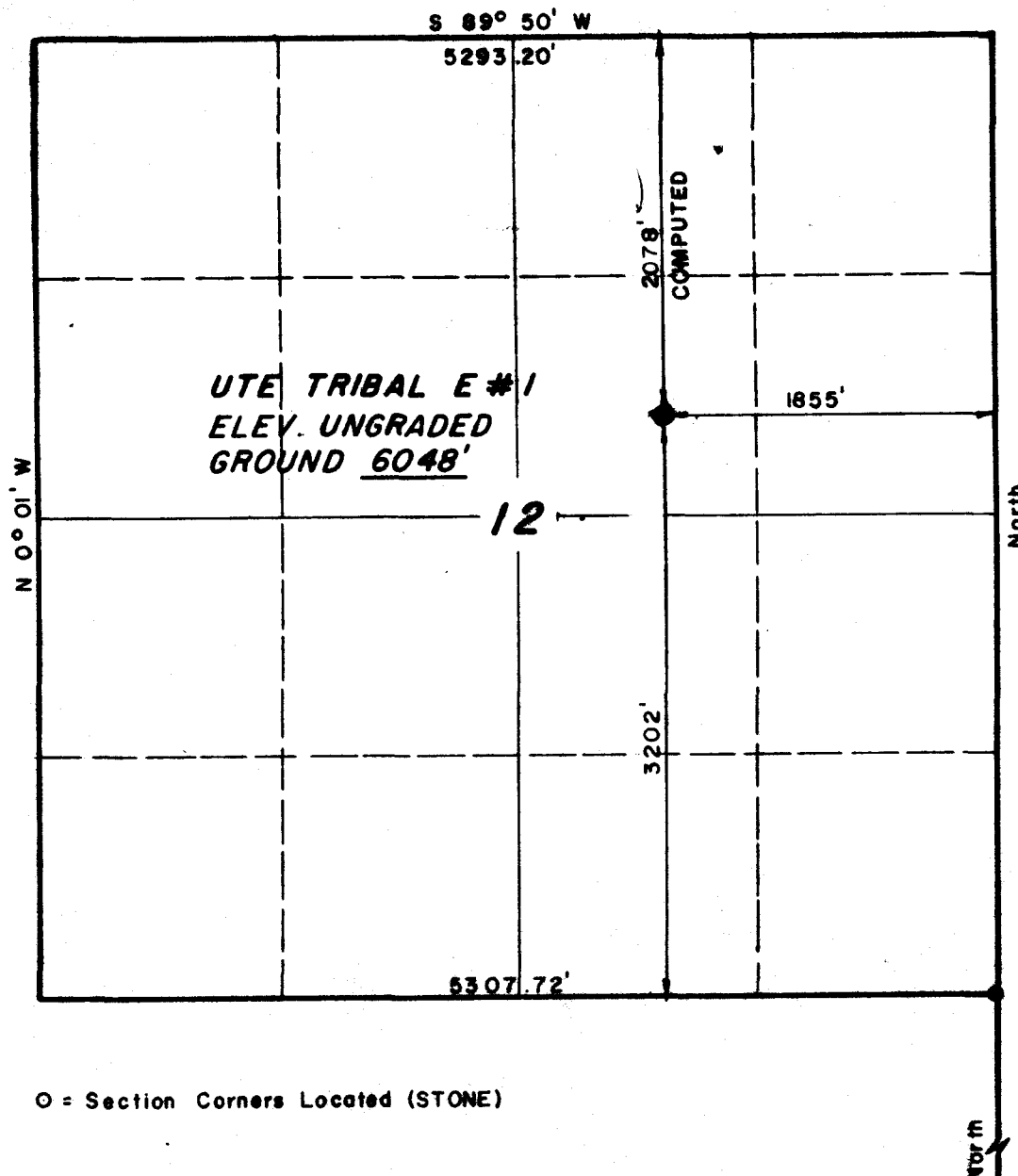
USGS(3)-00CC(2)-HHB-EHM-GLE
SLC SLC

T3S, R6W, U.S.B.&M.

PROJECT

TEXACO INCORPORATED

Well location, UTE TRIBAL E #1,
located as shown in the SW 1/4 NE 1/4
Section 12, T3S, R6W, U.S.B.&M.
Duchesne County, Utah.



O = Section Corners Located (STONE)

SE Cor. Sec. 13
T3S, R6W, U.S.M.

Corrected



CERTIFICATE

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM
FIELD NOTES OF ACTUAL SURVEYS MADE BY ME OR UNDER MY
SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE AND BELIEF.

Sam Stewart

REGISTERED LAND SURVEYOR
REGISTRATION NO 3154
STATE OF UTAH

REVISED 10 JULY, 1971

UINTAH ENGINEERING & LAND SURVEYING
P.O. BOX Q - 110 EAST - FIRST SOUTH
VERNAL, UTAH - 84078

SCALE 1" = 1000'	DATE 10 June, 1971
PARTY G.S. M.S. S.S.	REFERENCES GLO Plat
WEATHER FAIR	FILE TEXACO INC.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☐

OTHER

SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

TEXACO Inc. - Prod. Dept. - Rocky Mtns. - U.S.

3. ADDRESS OF OPERATOR

Box 810, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

2038' f/No. and 1898' f/E

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED
TO THIS WELL18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

20. ROTARY OR CABLE TOOLS

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

22. APPROX. DATE WORK WILL START*

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

SUPPLEMENT

It was necessary to move the location 43 feet, West and 40 feet North due topography. Resurvey plot is attached.

APPROVED BY DIVISION OF
OIL & GAS CONSERVATION

DATE 9-2-71

BY CB Taylor

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

TITLE

District Superintendent

DATE

9-2-71

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

USGS(3)-OGCC(2)-HHB-EHM-GLE

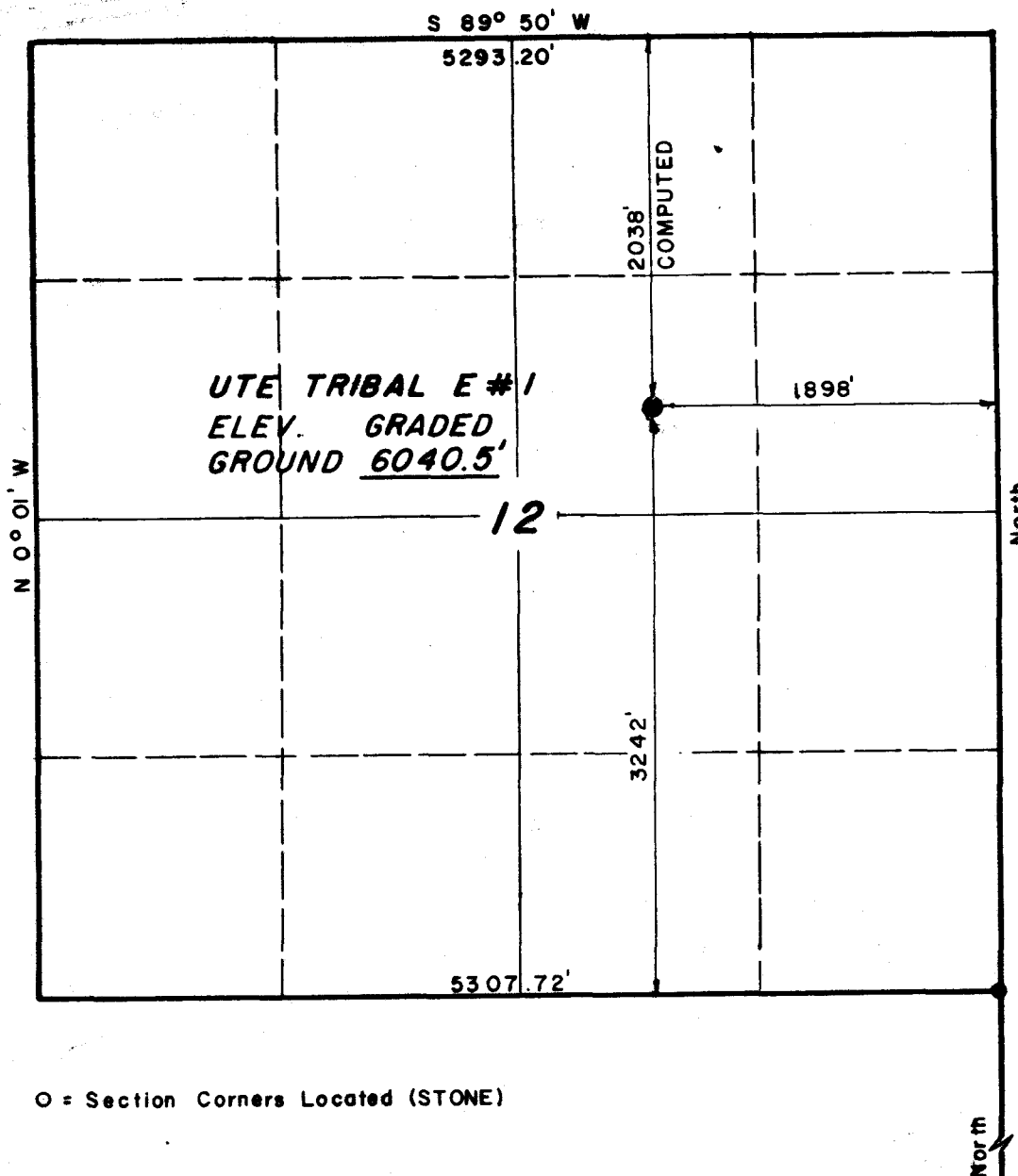
SIC SIC

T3S, R6W, U.S.B.&M.

PROJECT

TEXACO INCORPORATED

Well location, UTE TRIBAL E # 1,
located as shown in the SW 1/4 NE 1/4
Section 12, T3S, R6W, U.S.B.&M.
Duchesne County, Utah.



CERTIFICATE

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM
FIELD NOTES OF ACTUAL SURVEYS MADE BY ME OR UNDER MY
SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE AND BELIEF.

Sam Stewart

REVISED AS BUILT
AUGUST 30, 1971
REVISED 10 JULY, 1971

REGISTERED LAND SURVEYOR
REGISTRATION NO 3154
STATE OF UTAH

○ = Section Corners Located (STONE)

SE Cor. Sec. 13
T3S, R6W, U.S.M.

UINTAH ENGINEERING & LAND SURVEYING
P.O. BOX Q - 110 EAST - FIRST SOUTH
VERNAL, UTAH - 84078

SCALE 1" = 1000'	DATE 10 June, 1971
PARTY G.S. M.S. S.S.	REFERENCES GLO Plat
WEATHER FAIR	FILE TEXACO INC.

July 12, 1971

Texaco Inc.
Box 810
Farmington, New Mexico 87401

Re: Well No. Ute Tribal E-1
Sec. 12, T. 3 S, R. 6 W,
Duchesne County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to well is hereby granted in accordance with the Order issued in Cause No. 139-3/139-4, dated June 24, 1971.

Should you determine that it will be necessary to plug and abandon this well, you are hereby requested to immediately notify the following:

PAUL W. BURCHELL-Chief Petroleum Engineer
HOME: 277-2890
OFFICE: 328-5771

This approval terminates within 90 days if the well has not been spudded-in within said period.

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered during drilling.

The API number assigned to this well is 43-013-30068.

Very truly yours,

DIVISION OF OIL & GAS CONSERVATION

CLEON B. FEIGHT
DIRECTOR

CBF:sd
cc: U.S. Geological Survey

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-H62-2463

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribe

9. WELL NO.

E-1

10. FIELD AND POOL, OR WILDCAT

Black Cedar

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

12-T3S-R6W

12. COUNTY OR PARISH 13. STATE

Duchesne

Utah

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc.-Prod. Dept.-Rocky Mtns. U.S.

3. ADDRESS OF OPERATOR

Box 810 - Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2038 Ft. f/No. and 1898' r/E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6040 Gr.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Ran 17 Jts. 13-3/8" 54.5# K-55 Casing 519 feet set @ 515 Ft. KB and cemented with 500 sx. class G and 2% cc. *Good returns to surface. Graded elevation 6040 ground.

* Plug down 2:30 PM 10-3-71

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

District Superintendent

DATE

10-6-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(3)-OGCC(2)HHB-EHM-GLC
SLC SLC

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate*
(Other instructions on re-
verse side)

6.34 (W)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-H62-2463

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribe

9. WELL NO.

E-1

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

12-T3S-R6W

12. COUNTY OR PARISH 13. STATE

Duchesne

Utah

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc.-Prod. Dept.-Rocky Mtns.-U.S.

3. ADDRESS OF OPERATOR

Box 810, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2038 f/No. & 1898 f/E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6040 Gr.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Ran 54 Jts. 2264 ft. 9-5/8" 40# S-95 ST&C & 133 Jts. 6541 ft. 9-5/8"
40# N-80 ST&C csg. landed @ 7888 KB cx w/600 sx 50/50 posmix, 10% salt,
3/4 friction reducer tailed in w/150 sx type G. cement. Displaced
to float collar. Plug down 11-7-71, 8 PM No returns while running
csg. or cementing.

18. I hereby certify that the foregoing is true and correct

SIGNED

G. L. Hatten

TITLE District Superintendent

DATE 11-8-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

USGS(3)-OGCC(2)-HHB-EHM-GLE
SLC SLC

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN **PLAIN** STATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-H62-2463

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribe E

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

12-T3S-R6W

12. COUNTY OR PARISH
Duchesne13. STATE
Utah

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc. - Prod. Dept. - Rocky Mtns. U.S.

3. ADDRESS OF OPERATOR

P. O. Box #10, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2038 f/No. & 1898 f/E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6040 Gr.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Liner ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*Ran 69 Jts. on Brown liner hanger. ^{Along} Top @ 7273 KB, bottom 10,199 KB.

2904' of 7" OD 26# S95 LT&C cx w/550 sx. 50-50 poz. 10% salt, 3/4 of 1%

Fr. Good returns throughout job. Plug down 12-7-71.

CONFIDENTIAL

18. I hereby certify that the foregoing is true and correct

SIGNED _____

TITLE District Superintendent DATE 12-14-71

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(3)OCCC(2)HHB-EHM-GLE
SLC SLC

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

6.34 (W)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-H62-2463

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribe "E"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

12-T3S-R6W

12. COUNTY OR PARISH

Duchesne

13. STATE

Utah

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc. - Prod. Dept. - Rocky Mtn.-U.S.

3. ADDRESS OF OPERATOR

Box 810, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2038' f/No & 1898' f/E. Lines

14. PERMIT NO.

43-013-30068 Utah

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6040 GL - 18' KB

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Liner

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Correction * Denotes CorrectionRan 2264 9-5/8" 40# S-95 ST&C & 5641 of 9-5/8" 40# N-80 ST&C Csg. *landed @ 7888 ex w/600 sx 50/50 posmix, 10% Salt, 3/4 friction reducer

tailed in w/150 sx Type G ex. Displaced to float collar. Plug down

11-7-71, 8 PM. No returns while running csg. or cementing.

CONFIDENTIAL

18. I hereby certify that the foregoing is true and correct

SIGNED

SIGNED: *[Signature]*

TITLE

District Superintendent 12-18-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS(3)-0000(2)-HHB-EHM-GLF
SLC SLC

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>										
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG-BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>								
2. NAME OF OPERATOR						5. FARM OR LEASE NAME									
Texaco Inc. Prod. Dept. - Rocky Mtns. - U.S.						Ute Tribe "B"									
3. ADDRESS OF OPERATOR						9. WELL NO.									
Box 810, Farmington, New Mexico 87401						1									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						10. FIELD AND POOL, OR WILDCAT									
At surface 2,038' FNL and 1,989' FEL						Wildcat									
At top prod. interval reported below Same						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA									
At total depth Same						12-T38-R6W									
14. PERMIT NO.		Utah		DATE ISSUED		12. COUNTY OR PARISH		13. STATE							
43-013-30068				7-12-71		Duchesne		Utah							
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD							
9-29-71		12-5-71		12-25-71		6,040 GL - 18' K.B.									
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS		CABLE TOOLS					
10,202		10,172				→		All		---					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*								25. WAS DIRECTIONAL SURVEY MADE							
Wasatch Perfs. 8,448' - 10,155'								Yes							
26. TYPE ELECTRIC AND OTHER LOGS RUN								27. WAS WELL CORED							
DIL, GR, BHC, Sonic								No							
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
13-3/8"		54.5#		515 K.B.		17-1/2"		500 Sx CIG and 2% CC		---					
9-5/8"		40 #		7,888 K.B.		12-1/4"		600 Sx 50/50 Posmix, 10% Salt, 3/4 Frict. reducer & 150 Sx Type Gcx.							
29. LINER RECORD															
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		30. TUBING RECORD					
7"		7,295		10,199		550 Sx 50/50 Posmix		2-7/8"		SIZE		DEPTH SET (MD)		PACKER SET (MD)	
26# S-95 Brown Liner Hanger Top @ 7,275 K.B.								2-7/8"		8,020		Baker 8,020			
31. PERFORATION RECORD (Interval, size and number)												32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
8,448-60, 8,482-96, 8,513-20, 8,523-38 8,542-49, 8,554-68, 9,442-50, 9,450-90 9,542-59, 9,608-20, 9,855-60, 9,868-80 10,058-74, 10,080-86, 10,116-130, 10,140,155												DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
														See Reverse Side	
33. PRODUCTION															
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)							
12-29-71		Flowing						Producing							
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF		WATER—BBL.		GAS-OIL RATIO	
1-3-72		24		21/64		→		896		2 MCF		200		2,232	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)			
1,425				→								50.5 @ 116 Deg.			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)										TEST WITNESSED BY					
Flared															
35. LIST OF ATTACHMENTS															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
SIGNED				TITLE District Superintendent				DATE 2-22-72							

*(See Instructions and Spaces for Additional Data on Reverse Side)

USGS (2) OGEC (2) HNB GLE ERM
SLC SLC

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Acidized w/ 25,000 gal. 15% HCL w/ additives, 3M-NON emulsifier, HCL - suspending agent, MAX-50 inhibitor, WG7 friction reducer, in 4 stages using 70#/1,000 gals. Unibeads, also 500# unibeads in 750 gal. gelled acid @ end of each stage. Displaced acid w/ water. Avg. rate 13 bps @ 4,600 psi. Max. press 4,800 psi. ISIP 1,400, 5 min. SIP 750, 15 min. SIP 575.				Gr. River	4,490	4,490
No cores				Lower Gr. River	6,538	6,538
No DST's				Wasatch	8,444	8,444

FEB 28 1972

FORM OGC-8-X

FILE IN QUADRUPLICATE

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL & GAS CONSERVATION
1588 West North Temple
Salt Lake City, Utah 84116

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name & Number Ute Tribe "E" Well #1
Operator Tepaco Inc. Address Box 2100, Denver, Colo. Phone 825-7261
Contractor Brinkerhoff Drilling Co. Address Denver, Colo. Phone _____
Location SW 1/4 NE 1/4 Sec. 12 T. 3 S. R. 6 W. Duchesne County, Utah

Water Sands:

	<u>Depth</u>	<u>Volume</u>	<u>Quality</u>	
	From	To	Flow Rate or Head	Fresh or Salty
1.	<u>No water flows encountered</u>			
2.				
3.				
4.				
5.				

(Continue on reverse side if necessary)

Formation Tops:

Gr River 4490
Wasatch 8444

Remarks:

NOTE:

- Upon diminishing supply forms, please inform this office.
- Report on this form as provided for in Rule C-20, General Rules and Regulations and Rules of Practice and Procedure, (See Back of form).
- If a water analysis has been made of the above reported zone, please forward a copy along with this form.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-R62-2463

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribe "E"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Altamont-Wasatch

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 12, T3S, R6W

12. COUNTY OR PARISH

Duchesne

13. STATE

Utah

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

TEXACO Inc. Producing Department - West U. S.

3. ADDRESS OF OPERATOR

P. O. Box 157, Craig, Colorado 81629

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6040' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☒

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☒

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other)

☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Texaco plans to remove the straddle packers that have been isolating the upper wasatch perforations (8448-60, 8482-96, 8513-20, 8523-38, 8542-49, 8554-68). The interval will be isolated with a RBP and swab tested in three stages (8513-68, 8482-68, & 8448-8568). If non-productive, the perforations will be cleaned with 300 gallons 15% HCL acid and cement squeezed with 200 sacks LFL cement. The cement squeeze will be low pressure and will be pressure tested as required. The cement will be drilled out. The lower perforations will then be tested (9442-50, 9450-90, 9542-59, 9608-20, 9855-60, 9868-80, 10059-74, 10080-86, 10116-30, 10140-55), if non-commercial, the interval will be acidized in 5 stages, each stage consisting of 4000 gallon 15% HCL acid, 4000 gal 2% KCL water with 1% scale inhibitor added, and 250 gal 2% KCL water as a pad with a diverting agent added. The 250 gal pad will be omitted from the last stage. The well will then be swabbed in, and put on production.

APPROVED BY THE DIVISION OF
OIL, GAS, AND MINING

DATE: June 28, 1976

BY: P. L. Schulke

18. I hereby certify that the foregoing is true and correct

SIGNED

SIGNED: D.L. SCHULKE

TITLE

Field Foreman

DATE

June 23, 1976

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



PETROLEUM PRODUCTS

PRODUCING DEPARTMENT-
UNITED STATES
DENVER DIVISION

May 16, 1972

TEXACO INC.
P. O. BOX 2100
DENVER, COLORADO 80201

UTE TRIBAL D 1
SEC. 14, T3S, R6W
UTE TRIBAL E 1
SEC. 12, T3S, R6W
DUCHESNE COUNTY, UTAH
6.24

State of Utah
Division of Oil and Gas Conservation
1588 West North Temple
Salt Lake City, Utah 84116

Attention: Mr. Cleon B. Feight

Gentlemen:

This letter acknowledges your letter on above subject wells dated May 8, 1972.

A water disposal system for the produced water was initiated several months ago to handle water from the above wells and any other of Texaco's wells in the area. Our plans are to complete this system in an economical manner as soon as possible. The problem of surface easements has slowed progress on this project considerably but it is being vigorously pursued.

Each of the above wells are being studied for rework to reduce the volume of produced water and not appreciably reduce crude oil capacity. These reworks will be initiated soon.

Yours very truly,

G. L. EATON
District Superintendent

GLE:KSR

cc U.S.G.S.
8416 Federal Building
Salt Lake City, Utah 84111

May 3, 1972

Texaco Inc.
Box 810
Farmington, New Mexico

Re: Ute Tribal D-1,
Sec. 14, T. 3 S, R. 6 W,
Ute Tribal E-1,
Sec. 12, T. 3 S, R. 6 W,
Duchesne County, Utah

Gentlemen:

Our files indicate that production of water from the above referred to wells for the month of March, 1972, was in excess of 10,000 barrels. In view of this large volume, and the fact that an additional well will be completed in the near future, it is recommended that your company consider some form of disposal other than the evaporation pits presently being used.

This same problem has been discussed with Mountain Fuel Supply Company and it might be advantageous for each of your companies to enter into some type of agreement for the disposal of this water.

Very truly yours,

DIVISION OF OIL & GAS CONSERVATION

CLEON B. FEIGHT
DIRECTOR

CBF:sd
cc: U.S. Geological Survey
Bureau of Indian Affairs



PETROLEUM PRODUCTS

PRODUCING DEPARTMENT -
UNITED STATES
DENVER DIVISION

TEXACO INC.
P. O. BOX 2100
DENVER, COLORADO 80201

March 10, 1972

Utah Oil and Gas Commission
1588 West North Temple
Salt Lake City, Utah 84116

Dear Sirs:

Enclosed are logs for the Texaco, Inc.- Ute Tribal #E-1,
SEC. 12-3S-6W, Duchesne Co., Utah. Please hold these logs
confidential.

Yours very truly,

K. S. Bishop
Division Geologist

MOG-JMN
Encl.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-H62-2463

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribe "E"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Altamont-Wasatch

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 12-T38-R6W

12. COUNTY OR PARISH 13. STATE

Duchesne

Utah

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

TEXACO Inc. Producing Department - West

3. ADDRESS OF OPERATOR

P. O. Box 157, Craig, Colorado 81625

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2038' FNL; 1989' FEL; Sec 12

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6040' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒
☒
☐

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐

(Other)

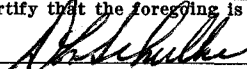
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

On June 16, 1976, Texaco began its workover of subject well. The lock set and Model D packers were pulled. A RBP and packer were run and set at 8892' KB and 8505' respectively. Perfs were swabbed and tested, recovering 338 BO, 266 BW, and 392 MCF gas. The RBP and packer were picked up and set at 8505' KB and 8475' KB respectively. The perforations were swabbed and tested, recovering 14 BO and 465 BW. Picked up RBP and packer and set at 8475' and 8416' KB. Perforations were swabbed and tested, recovering 144 BO and 488 BW. The RBP and packer were pulled and layed down. A 7" Baker Retrevamatic Packer was run and set at 8893'KB. Perforations were swabbed and tested, recovering 229 BO, 658 BW, and 33 BBL of drilling mud. Gross perforations from 9442'KB to 10155'KB were acidized with 20,000 gal 15% NEHCL acid with additives, 20,000 gal 2% KCL water with 1% scale inhibitor, 1000 gal 2% KCL water with 1350# benzoic acid flakes and 210 sealer balls being dropped throughout the job. 113 bbls of 2% KCL water was used to flush to the formations. Avg rate 8 bpm at 3500 psi. Well was swabbed to recover load fluid thru flowing but well died. The tubing and packer were pulled. A Baker 7" lockset packer and single string Fluid pack pump cavity were run and set at 7299'KB and 7280'KB respectively. The well was placed on production with hydraulic

18. I hereby certify that the foregoing is true and correct (over)

SIGNED



TITLE

Field Foreman

DATE

October 5, 1976

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

G.P.O. : 1973- 780-622 /VIII- 148

Item 17. (con't)

pump. Work was completed on September 28, 1976.

Production before workover 0 BO, 0 BW.

**Production after workover (11 day avg) 75 BO, 171 BW,
67 mcf gas.**

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-H62-2463

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tr'be E

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Altamont-Wasatch

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 12-T35-R6W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6040' GL

12. COUNTY OR PARISH

Duchesne

13. STATE

Utah

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

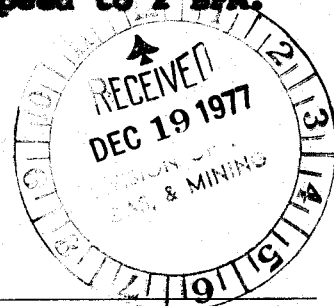
Texaco plans to acidize the subject well using the following procedure:

1. Pump out hydraulic pump
2. Establish circulation pumping down tubing
3. Pump 599 gal. solvent, Dowell P 121 or equal
4. Pump 2000 gal. 15% HCL with corrosion inhibitor, scale inhibitor, and NE
5. Pump produced water down tubing with National J-100 at 2 BPM. When acid reaches bottom of tubing decrease pumping speed to $\frac{1}{2}$ BPM. When $\frac{1}{2}$ of acid is out of tubing, shut down for 15 minutes. Begin pumping again at $\frac{1}{2}$ BPM. When all acid out of tubing increase speed to 2 BPM. Over displace with 100 bbls formation water.
6. Run hydraulic pump and place on production.
7. No additional surface disturbance will be required.

APPROVED BY THE DIVISION OF
OIL, GAS, AND MINING

DATE: Nov 20, 1977

BY: Ph. M. Call



18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Field Foreman

DATE

December 15, 1977

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-H62-2463

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribe E

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Altamont-Wasatch

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 12-T38-R6W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6040' GL

12. COUNTY OR PARISH

Duchenne

13. STATE

Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Texaco acidized subject well on December 21, 1977 as follows:

1. Pumped 16 bbls water down Tbg and up annulus to establish circulation.
2. Pumped 12 bbls P 121 Solvent.
3. Pumped 48 bbls 15% HCL w/ 6 gal A200 inhibitor and 6 gal. L47 Scale inhibitor and 6 gal. W-27 Emulsifying agent.
4. Displaced with 24 bbls water at 2 BPM. Shut in 15 minutes
Displaced at 1/2 BPM using 234 bbls water. Over displaced with 100 bbls formation water.
5. Placed on production

Production before workover 45 B O
Production after workover 31 B O

363 B W
46 B W

DATE: **Jan 23, 1978**

18. I hereby certify that the foregoing is true and correct

SIGNED **SIGNED: D.L. SCHULKE**

TITLE **Field Foreman**

DATE **January 18, 1978**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

USGS (3) - OSGC (2) - GLE-DLS-RLS

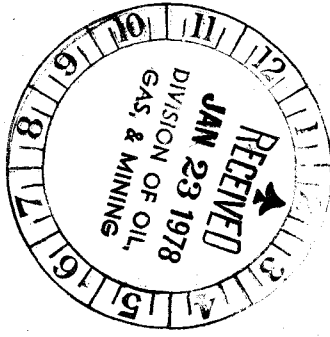
Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

GPO 680-160

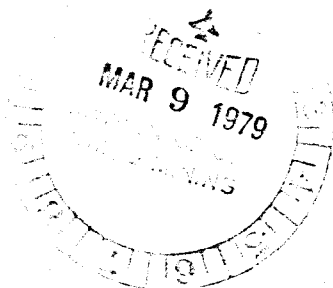




PETROLEUM PRODUCTS

PRODUCING DEPARTMENT
WEST UNITED STATES
DENVER DIVISION

TEXACO INC.
P. O. BOX 2100
DENVER, COLORADO 80201



March 6, 1979

Utex Sale - Utah Properties
Duchesne, Uintah & Wasatch Counties,
Utah

6.38 (U)

Board of Oil, Gas and Mining
1588 West North Temple
Salt Lake City, Utah 84116

Attn: Mr. Cleon B. Feight

Gentlemen:

Texaco, effective April 22, 1979, sold all of its interest in the following wells it operated in Altamont, Bluebell and Roosevelt fields to Utex Oil Company, Suite 41 B, 4700 South 9th East, Salt Lake City, Utah 84117:

Well Name

Location

DUCHESNE COUNTY, UTAH

Texaco Ute Tribe "E"	12-3S-6W
Texaco King Silver Ute Tribe "F"	13-3S-6W
Texaco Ute Tribe "C"	11-3S-6W
Texaco F. J. Fenzl	15-2S-6W
Texaco Ute Tribe "L"	23-3S-6W
Texaco-Gulf-Jensen-Fenzl	20-3S-6W
Texaco-Phillips-Ute Tribe "K"	1-3S-6W
Texaco-Midwest Ute Tribe "G"	24-3S-6W
Texaco Stewart "B"	2-3S-6W

UINTAH COUNTY, UTAH

Texaco Ute Tribe "O"	4-2S-1E
Texaco Ute Tribe "P"	3-2S-1E
Texaco Earl Gardner "B"	9-2S-1E

UTEX OIL COMPANY

SUITE 41B
4700 SOUTH 9TH EAST
SALT LAKE CITY, UTAH 84117
PHONE 801 - 262-6869

RECEIVED
DEC 31 1979

DIVISION OF
OIL, GAS & MINING

December 28, 1979

State of Utah
Oil and Gas Division
Dept. of Natural Resources
1588 West North Temple
Salt Lake City, Utah 84116

Attention: Kathy Avila

Utex/Page Sale
Wasatch, Duchesne and Uintah Counties, Utah

Gentlemen:

Please be advised that effective 7:00 a.m. local time November 20, 1979,
Utex sold to Page Petroleum, Inc. the following wells:

Ute Tribal K-1	1-T3S-R6W	Duchesne County
Stewart B-1	2-T3S-R6W	Duchesne County
Ute Tribal E-1	12-T3S-R6W	Duchesne County
Ute Tribal F-1	13-T3S-R6W	Duchesne County
Midwest - Ute G-1	24-T3S-R6W	Duchesne County
Ute Tribal L-1	23-T3S-R6W	Duchesne County
Jensen Fenzl	20-T3S-R5W	Duchesne County
F. J. Fenzl	15-T2S-R2W	Duchesne County
Ute Tribal P	3-T2S-R1E	Uintah County
Ute Tribal O	4-T2S-R1E	Uintah County
Earl Gardner B-1	9-T2S-R1E	Uintah County
M. A. Smith	32-T3S-R9W	Wasatch County

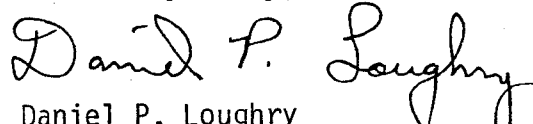
Additionally, Page now operates the following wells in which Utex has
retained an interest:

Ute Tribal 1-9C6	9-T3S-R6W	Duchesne County
Ute Tribal E-2	12-T3S-R6W	Duchesne County

Board of Oil, Gas and Mining
March 6, 1979
Page 2

This information is furnished strictly as a courtesy, and you should look to Utex for any official notification which might be required by your rules and regulations.

Yours very truly,


Daniel P. Loughry
District Land Representative

DPL:fg

cc: Utex Oil Company
Suite 41 B
4700 South 9th East
Salt Lake City, Utah 84117

PAGE

PETROLEUM INC.

February 17 1984

FEB 22 1984

Donald G. Prince
State Lands
3100 State Office Building
Salt Lake City, Utah 84114

DIVISION OF
OIL, GAS & MINING

Division of Oil, Gas, and Mining
4241 State Office Building
Salt Lake City, Utah 84114

Re: Designation of Operator
Graham Energy, Ltd.
Uintah Basin Prospect
Duchesne and Uintah Counties, UT

Gentlemen:

Enclosed, please find one originally executed Designation of Operator form as above referenced.

As of March 1, 1984, Graham Energy, Ltd. is the designated Operator of those wells and leases currently operated by Page Petroleum Inc. The wells affected are:

<u>Well</u>	<u>Location</u>	<u>County</u>
F. J. Fenzl	15-2S-2W	Duchesne
Jensen-Fenzl #1	20-3S-5W	Duchesne
Page #2-20-C5	20-3S-5W	Duchesne
Page Ute Tribal K-1	1-3S-6W	Duchesne
Page Ute Tribal 2-2-C6	2-3S-6W	Duchesne
Page Stewart B-1	2-3S-6W	Duchesne
Page Ute Tribal 1-9-C6	9-3S-6W	Duchesne
Page Ute Tribal C-1	11-3S-6W	Duchesne
Page Ute Tribal 2-11-C6	11-3S-6W	Duchesne
Page Ute Tribal E-1	12-3S-6W	Duchesne
Page Ute Tribal E-2	12-3S-6W	Duchesne
Page Ute Tribal F-1	13-3S-6W	Duchesne
Page Ute Tribal 2-13-C6	13-3S-6W	Duchesne
Page Ute Tribal L-1	23-3S-6W	Duchesne
Page Ute Tribal 2-23-C6	23-3S-6W	Duchesne
Page Ute Tribal G-1	24-3S-6W	Duchesne
Page Ute Tribal P-1	3-2S-1E	Uintah
Page Ute Tribal O-1	4-2S-1E	Uintah
Earl Gardner B-1	9-2S-1E	Uintah
Page Ute Tribal 1-10-B1E	10-2S-1E	Uintah
Page Ute Tribal 1-11-B1E	11-2S-1E	Uintah
Page Ute Tribal 1-14-B1E	14-2S-1E	Uintah

February 17, 1984
Page two

This designation affects operatorship, not ownership, of the subject properties. If you have any questions concerning this notice, please contact me.

Very truly yours,

PAGE PETROLEUM INC.

A handwritten signature in cursive script, appearing to read "V. Parks".

Victoria M. Parks
Landman

VMP/ju
Enclosure

File in Duplicate

DIVISION OF OIL, GAS AND MINING
OF THE STATE OF UTAH

DESIGNATION OF OPERATOR

The undersigned producer, operator, transporter, refiner, gasoline or initial purchaser who is conducting oil and/or gas operations in the State of Utah, does, pursuant to the Rules and Regulations and Rules of Practice and Procedure of the Division of Oil, Gas and Mining of the State of Utah, hereby appoint Graham Energy, Ltd., whose address is 3510 N. Causeway, Metairie, LA, (his, her or its) designated operator to accept and to be served with notices from said Board, or from other persons authorized under the Oil and Gas Conservation Act of the State of Utah.

The undersigned further agrees to immediately report in writing, all changes of address of the operator, and any termination of the operator authority, and in the latter case, the designation of a new operator or operator shall be immediately made. This designation of operator, however, shall remain in full force and effect until and unless a new designation operator is filed in accordance with said statute and said regulations.

Effective date of designation March 1, 1984

Company Page Petroleum, Inc. Address P.O. Box 17526 T.A., Denver, CO80217

By Harvey L. Baker (signature) Title Vice President

Harvey L. Baker

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug wells in different reservoirs. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED MAY 31 1985 DIVISION OF OIL & GAS & MINING		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-2463	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
2. NAME OF OPERATOR Graham Energy, Ltd.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1675 Larimer #400, Denver, CO 80202		8. FARM OR LEASE NAME Ute Tribe E	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2038' FNL; 1989' FEL, Sec. 12		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT Altamont	
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 12-3S-6W	
14. PERMIT NO.	15. ELEVATIONS (Show whether OP, ST, GR, etc.) 6040' GL	12. COUNTY OR PARISH Duchesne	13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temp. Abandoned Status</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Subject well has been Temporarily Abandoned since November 1, 1979. Currently under evaluation for possible return to production after recent State ruling on spacing.

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE

Prod. Acctg. Super.

DATE

5/28/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

EASE

14-20-H62-2463

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribal

9. WELL NO.

E-1

10. FIELD OR WILDCAT NAME

Altamont

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 12, T3S, R6W

12. COUNTY OR PARISH 13. STATE

Duchesne Utah

14. API NO.

43-013-30068

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6040' GL.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well or to develop a reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

JUL 29 1985

2. NAME OF OPERATOR

Graham Energy Ltd.

DIVISION OF OIL

3. ADDRESS OF OPERATOR

GAS & MINING

P.O. Box 1656 Roosevelt, Utah 84066

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2038' FNL, 1989' FEL Sec 12

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) permission to leave well shut in

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well has been shut in to allow the offset well (Ute Tribal E-2) to be produced in the Wasatch Formation.

The well is also at it's economic limit in the Wasatch Formation which is a factor in leaving it shut in.

Graham is requesting permission to leave the well shut in.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

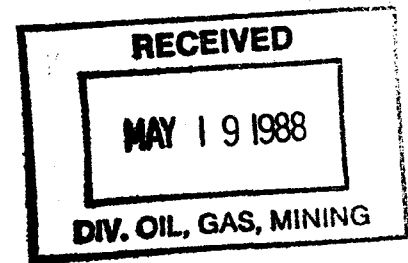
SIGNED Ellen Rasmussen TITLE Office Manager DATE 7/26/85

Cochrane Resources/Agent for Graham

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY.

May 17, 1988



State of Utah
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203

Attention: Ms. Tammy Searing

Re: Name Change
All Graham Operated Properties
In the State of Utah

Dear Ms. Searing:

Please be advised that we (Graham) currently operate under the name, Graham Resources, Inc. in the state of Utah under the following state assigned I.D. No. N9450.

In order to reduce confusion and consolidate all Graham operated properties under the same name, we respectfully request permission to change our name from Graham Resources, Inc. to Graham Royalty, Ltd. Please assign a new I.D. number for our new operating name.

Should your office need additional information, please call Cindi Robbins at 303-629-1736.

Respectfully yours,

GRAHAM ROYALTY, LTD.

Wilbur L. Dover
Wilbur L. Dover
Division Manager

WLD/tdh



DOGM 56-64-
an equal opportunity employ

Page 2 of 2

Operator name and address:

• GRAHAM RESOURCES, INC.
1675 LARIMER STREET
DENVER CO 80202
ATTN: CINDI ROBBINS

Utah Account No. N9450

Report Period (Month/Year) 4 / 88

Amended Report ☐

Comments (attach separate sheet if necessary) _____

I have reviewed this report and certify the information to be accurate and complete. Date _____

Authorized signature _____ Telephone _____

PLEASE COMPLETE FORMS IN BLACK INK

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐

2. NAME OF OPERATOR
Graham Royalty Ltd.

3. ADDRESS OF OPERATOR
P.O. Box 1656 Roosevelt, Utah 84066

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2038' FNL, 1989' FEL Sec 12
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Emergency Pit

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Graham Royalty Ltd would like to request permission to maintain an emergency pit on the E-1 location. The well is currently shut in, however we would like to have emergency pit status if the well is put back on production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED W. M. Allen TITLE Agent DATE January 24, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

7

SUNDRY NOTICES AND REPORTS ON WELLS <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)</small>		5. LEASE DESIGNATION & SERIAL NO. 1420H622463	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Graham Royalty, Ltd.		8. FARM OR LEASE NAME Ute Tribal	
3. ADDRESS OF OPERATOR 1675 Larimer Street, Suite #400, Denver, Colorado 80202		9. WELL NO. E-1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW NE At proposed prod. zone		10. FIELD AND POOL, OR WILDCAT Bluebell/Altamont	
		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 12-35-6W	
14. API NO. 43013300680	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY Duchesne	13. STATE UT

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

APPROX. DATE WORK WILL START _____

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

Annual Report of T&E well

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

DATE OF COMPLETION _____

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☒

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

* Must be accompanied by a cement verification report.

This well is temporarily abandoned pending further evaluation.
Currently uneconomical to produce.

OIL AND GAS	
DRN	RUT
JRB	GLH
DTS	SLS
1-TAS	
2-	MICROFILM <input checked="" type="checkbox"/>
3-	FILE <input type="checkbox"/>

18. I hereby certify that the foregoing is true and correct

SIGNED

Z. T. Rollins

TITLE

Reg. Affairs Supervisor

DATE

January 16, 1990

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

See Instructions On Reverse Side

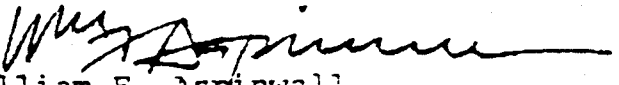
Medallion Exploration
PPI (Utah) Inc.
January 7, 1991
Page 2

shall not constitute any amendment to the aforesaid Operating Agreement, but shall be a commitment to negotiate in good faith for the benefit of the Joint Account, as defined in said Operating Agreement.

Please evidence your acceptance by signing where indicated below and return one signed copy to the undersigned. Upon receipt of copies signed by Medallion and Page, Graham will resign as Operator as stated above.

Very truly yours,

LAND DEPARTMENT


William F. Aspinwall
Division Landman
Denver Division
Acquisitions/Operations

Agreed and Accepted this 7th
day of January, 1991
MEDALLION EXPLORATION

Agreed and Accepted this _____
day of _____, 1991
GRAHAM ROYALTY, LTD.

By: 
Jake Harouny, President

By: _____
James W. Carrington, Jr.
Land Manager

Agreed and Accepted this _____
day of _____, 1991
PPI (UTAH) INC.
By Cord Oil & Gas
Management Limited,
Asset Manager

Agreed and Accepted this _____
day of _____, 1991
GRAHAM ENERGY LTD.

By: _____
Neil Leeson
U. S. Operations Manager

By: _____
James W. Carrington, Jr.
Land Manager

WFA:ecb
WFA143
Enclosure
cc: W. L. Dover, Denver Division
J. Kilchrist
Carl Hargis
Ray Roush

01/11/91

11:17

403 265 7431

CORD OIL & GAS LTD

002

PPI (UTAH) Inc.

Revenue Payments to:
PPI (Utah) Inc.
c/o The Royal Bank of Canada
Account No. 186-107-9
Pierrepont Plaza #14
300 Cadman Plaza West
Brooklyn, NY 11201-2701
USA
Phone: (212) 858-7127

All Other Correspondence to:
PPI (Utah) Inc.
c/o Cord Oil & Gas Management Limited
1590, 540 - 5th Avenue S.W.
Calgary, Alberta
Canada
T2P 0M2
Phone: (403) 266-3363

By Telecopy

January 8, 1991

Graham Energy Services, Inc.
109 Northpark Blvd.
P.O. Box 3134
Covington, LA 70434-3134
USA

RECEIVED
JAN 11 1991

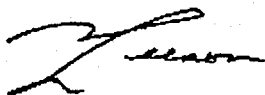
DIVISION OF
OIL, GAS & MINING

Attention : Bill Aspinwall
Gentlemen :
Re : Change of Operator

An authorized copy of your January 7, 1991 Letter Agreement is attached.

Yours very truly,

PPI (Utah) Inc.



Neil Leeson, P. Eng.
U.S. Operations Manager

NL:wh

Enclosure

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		5. LEASE DESIGNATION & SERIAL NO. 1420H622463	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN ALLOTTEE OR TRIBE NAME Ute	
2. NAME OF OPERATOR Graham Royalty, Ltd.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1675 Larimer Street, Suite #400, Denver, Colorado 80202		8. FARM OR LEASE NAME Ute Tribal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SW NE At proposed prod. zone		9. WELL NO. E-1	
14. API NO. 43013300680		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
12. COUNTY Duchesne		13. STATE UT	

18.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

ALTERING CASING

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Annual Report of TA'd well

☐
☐
☐
☒
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

APPROX. DATE WORK WILL START

DATE OF COMPLETION

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

* Must be accompanied by a cement verification report.

This well is temporarily abandoned pending possible workover.
Currently uneconomical to produce.

RECEIVED
JAN 14 1991

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED



TITLE

Reg. Affairs Supervisor

DATE

January 10, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

See Instructions On Reverse Side

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION & SERIAL NO.	
2. NAME OF OPERATOR Graham Royalty, Ltd.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1675 Larimer, Suite 400, Denver, CO 80202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		8. FARM OR LEASE NAME	
At proposed prod. zone		9. WELL NO.	
14. API NO.		10. FIELD AND POOL, OR WILDCAT	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
12. COUNTY		13. STATE	

18. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>CHANGE OF OPERATOR</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
APPROX. DATE WORK WILL START _____		DATE OF COMPLETION _____	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

* Must be accompanied by a cement verification report.

Effective Feb. 1, 1991 Medallion Exploration is the designated Operator of those wells and leases currently operated by Graham Royalty, Ltd. as shown on the attached.

RECEIVED
FEB 12 1991

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED G. R. Royalty TITLE GRAHAM ROYALTY, LTD. DATE 2/4/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ATTACHMENT TO STATE OF UTAH CHANGE OF OPERATOR

Well Name	Location	API Number
✓Earl Gardner "B" #1	NE SW Sec. 12-3S-6W	4304730197
✓F. J. Fenzl #1	SW NE Sec. 15-2S-2W	4301330311
✓Jensen Fenzl #1	SW NE Sec. 20-3S-5W	4301330177
✓Ute Tribal #1-9C6	SW NE Sec. 9-3S-6W	4301330487
✓Ute Tribal #1-10B1E	SE NW Sec. 10-2S-1E	4304730881
✓Ute Tribal #2-2C6	SW SW Sec. 2-3S-6W	4301330531
✓Ute Tribal #2-9C6	SW SW Sec. 9-3S-6W	4301331096
✓Ute Tribal #2-11C6	NE SW Sec. 11-3S-6W	4301330534
✓Ute Tribal #2-13C6	NE SW Sec. 13-3S-6W	4301330530
✓State #2-20C5	NE SW Sec. 20-3S-5W	4301330550
✓Ute Tribal #2-23C6	NE SW Sec. 23-3S-6W	4301330537
✓Ute Tribal #E-1	SW NE Sec. 12-3S-6W	4301330068
✓Ute Tribal #E-2	SW SW Sec. 12-3S-6W	4301330500
✓Ute Tribal #F-1	NE NE Sec. 13-3S-6W	4301330103
✓Ute Tribal #G-1	SW NE Sec. 24-3S-6W	4301330298
✓Ute Tribal #G-1 SWD (WG-1)	SW NE Sec. 24-3S-6W	4301330372
✓Ute Tribal #K-1	NW SE Sec. 1-3S-6W	4301330280
✓Ute Tribal #L-1	SW NE Sec. 23-3S-6W	4301330310
✓Ute Tribal #O-1	SE NW Sec. 4-2S-1E	4304730183
✓Ute Tribal #P-1	SW NE Sec. 3-2S-1E	4304730190

Division of Oil, Gas and Mining
OPERATOR CHANGE WORKSHEET

Routing:

1-	LCR	<i>file</i>
2-	DT8	<i>DT5</i>
3-	VLC	<i>✓</i>
4-	RJF	<i>✓</i>
5-	RWM	<i>✓</i>
6-	LCR	<i>file</i>

Attach all documentation received by the division regarding this change.
Initial each listed item when completed. Write N/A if item is not applicable.

☒ Change of Operator (well sold) ☐ Designation of Agent
☐ Designation of Operator ☐ Operator Name Change Only

The operator of the well(s) listed below has changed (EFFECTIVE DATE: 2-1-91)

TO (new operator) MEDALLION EXPLORATION
(address) 2225 E. 4800 S. #107
SALT LAKE CITY, UT 84117
JAKE HAROUNY
phone (801) 277-0801
account no. N 5050

FROM (former operator) GRAHAM ROYALTY, LTD.
(address) 1675 LARIMER STREET
DENVER, CO 80202
CINDI ROBBINS
phone (303) 629-1736
account no. N 0505

Well(s) (attach additional page if needed):

Name: <u>** SEE ATTACHED **</u>	API: _____	Entity: _____	Sec _____	Twp _____	Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____	Twp _____	Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____	Twp _____	Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____	Twp _____	Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____	Twp _____	Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____	Twp _____	Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____	Twp _____	Rng _____	Lease Type: _____

OPERATOR CHANGE DOCUMENTATION

- 1 1. (Rule R615-8-10) Sundry or other legal documentation has been received from former operator (Attach to this form). (*Reg. 1-22-91*) (*Rec. 2-12-91*)
- 2 2. (Rule R615-8-10) Sundry or other legal documentation has been received from new operator (Attach to this form). (*1-11-91*)
- N/A 3. The Department of Commerce has been contacted if the new operator above is not currently operating any wells in Utah. Is company registered with the state? (yes/no) ____ If yes, show company file number: _____.
- 4 4. (For Indian and Federal Wells ONLY) The BLM has been contacted regarding this change (attach Telephone Documentation Form to this report). Make note of BLM status in comments section of this form. Management review of Federal and Indian well operator changes should take place prior to completion of steps 5 through 9 below.
- 5 5. Changes have been entered in the Oil and Gas Information System (Wang/IBM) for each well listed above. (*3-14-91*)
- 6 6. Cardex file has been updated for each well listed above.
- 7 7. Well file labels have been updated for each well listed above.
- 8 8. Changes have been included on the monthly "Operator, Address, and Account Changes" memo for distribution to State Lands and the Tax Commission. (*3-14-91*)
- 9 9. A folder has been set up for the Operator Change file, and a copy of this page has been placed there for reference during routing and processing of the original documents.

ENTITY REVIEW

1. (Rule R615-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made? (yes/no) NO (If entity assignments were changed, attach copies of Form 6, Entity Action Form).
2. State Lands and the Tax Commission have been notified through normal procedures of entity changes.

BOND VERIFICATION (Fee wells only)

1. (Rule R615-3-1) The new operator of any fee lease well listed above has furnished a proper bond.
2. A copy of this form has been placed in the new and former operators' bond files.
3. The former operator has requested a release of liability from their bond (yes/no) _____. Today's date _____ 19____. If yes, division response was made by letter dated _____ 19____.

LEASE INTEREST OWNER NOTIFICATION RESPONSIBILITY

1. (Rule R615-2-10) The former operator/lessee of any fee lease well listed above has been notified by letter dated _____ 19____, of their responsibility to notify any person with an interest in such lease of the change of operator. Documentation of such notification has been requested.
2. Copies of documents have been sent to State Lands for changes involving State leases.

MICROFILMING

1. All attachments to this form have been microfilmed. Date: April 17 1991.

FILED

1. Copies of all attachments to this form have been filed in each well file.
2. The original of this form and the original attachments have been filed in the Operator Change file.

REMARKS

- 910208 Btm/Vernal No bond as of yet "per BIA". They do have documentation.
- 910314 Btm/Vernal Bond coverage received. Wells are being approved today eff. 2-1-91.
- * This change applies to Indian Leases only - see also change for Fee Lands. (separate)

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

6. Lease Designation and Serial Number

1420H622463

7. Indian Allottee or Tribe Name

UTE

8. Unit or Communitization Agreement

UTE TRIBAL

9. Well Name and Number

E-1

10. API Well Number

4301330068 TA

11. Field and Pool, or Wildcat

ALTAMONT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.
Use APPLICATION FOR PERMIT— for such proposals

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other (specify)

2. Name of Operator

MEDALLION EXPLORATION

3. Address of Operator

225 E. 4800 SOUTH #107 SLC UT 84117 (801) 277-0801

5. Location of Well

Footage 2038' FNL; 1989' FEL

OO, Sec. T., R., M. SWNE 12 T3S R6W

County : DUCHESNE

State : UTAH

12. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT
(Submit in Duplicate)

- ☐ Abandonment ☐ New Construction
☐ Casing Repair ☐ Pull or Alter Casing
☐ Change of Plans ☐ Recompletion
☐ Conversion to Injection ☐ Shoot or Acidize
☐ Fracture Treat ☐ Vent or Flare
☐ Multiple Completion ☐ Water Shut-Off
☐ Other

Approximate Date Work Will Start

SUBSEQUENT REPORT
(Submit Original Form Only)

- ☐ Abandonment * ☐ New Construction
☐ Casing Repair ☐ Pull or Alter Casing
☐ Change of Plans ☐ Shoot or Acidize
☐ Conversion to Injection ☐ Vent or Flare
☐ Fracture Treat ☐ Water Shut-Off
☒ Other CHANGE OPERATOR

Date of Work Completion

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

* Must be accompanied by a cement verification report.

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

RECEIVED

MAR 29 1991

DIVISION OF
OIL GAS & MINING

EFFECTIVE FEBRUARY 1, 1991, MEDALLION EXPLORATION ASSUMED THE
RESPONSIBILITY AS OPERATOR OF THE HEREIN DESCRIBED WELL/LEASE.

14. I hereby certify that the foregoing is true and correct

Name & Signature

(State Use Only)

Title

3/11/91

Date 3/11/91

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

6. Lease Designation and Serial Number
14-20-H62-2463

7. Indian Allottee or Tribe Name

Ute

8. Unit or Communitization Agreement

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.

Use APPLICATION FOR PERMIT for such proposals

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other (specify)

2. Name of Operator

Medallion Exploration

3. Address of Operator

2091 E 4800 S #22, SLC, UT 84117

4. Telephone Number

(801) 277-0801

9. Well Name and Number

E-1

10. API Well Number

43-013-30068

11. Field and Pool, or Wildcat

Altamont

5. Location of Well

Footage : 2038' FNL; 1989' FEL

County : Duchesne

QQ, Sec. T., R., M. : Sec 12, T3S, R6W

State : UTAH

12. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT (Submit in Duplicate)

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input checked="" type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | Recompletion |

Approximate Date Work Will Start 03-08-92

SUBSEQUENT REPORT (Submit Original Form Only)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | |

Date of Work Completion _____

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

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13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Medallion Exploration plans to re-enter the well to enhance the Wasatch formation. To determine the source of Salt Water Production. Medallion also plans to re-complete the well by squeezing water zone, perforating additional zones in Wasatch, and acidizing all old zones with 15% of HCL & additives; Should the results of the evaluation prove to be positive. Medallion will perform this procedure under House Bill #110.

ACCEPTED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE 3-17-92
BY JAN Matthews

RECEIVED

MAR 16 1992

DIVISION OF
OIL GAS & MINING

14. I hereby certify that the foregoing is true and correct

Name & Signature

(State Use Only)

Title

Date

V. J. Owens 3/8/92

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells. Use APPLICATION FOR PERMIT— for such proposals		6. Lease Designation and Serial Number 14-20-H62-2463																										
		7. Indian Allottee or Tribe Name Ute																										
		8. Unit or Communitization Agreement																										
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other (specify)		9. Well Name and Number E-1																										
2. Name of Operator Medallion Exploration		10. API Well Number 43-013-30068																										
3. Address of Operator 2091 E 4800 S #22 SLC UT 84117	4. Telephone Number (801) 277-0801	11. Field and Pool, or Wildcat Altamont																										
5. Location of Well Footage : 2038' FNL; 1989' FEL QQ, Sec. T., R., M. : Sec 12, T3S, R6W <div style="text-align: right;">County : Duchesne State : UTAH</div>																												
12. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA																												
NOTICE OF INTENT (Submit in Duplicate) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Abandonment</td> <td><input type="checkbox"/> New Construction</td> </tr> <tr> <td><input type="checkbox"/> Casing Repair</td> <td><input type="checkbox"/> Pull or Alter Casing</td> </tr> <tr> <td><input type="checkbox"/> Change of Plans</td> <td><input type="checkbox"/> Recompletion</td> </tr> <tr> <td><input type="checkbox"/> Conversion to Injection</td> <td><input checked="" type="checkbox"/> Shoot or Acidize</td> </tr> <tr> <td><input type="checkbox"/> Fracture Treat</td> <td><input type="checkbox"/> Vent or Flare</td> </tr> <tr> <td><input type="checkbox"/> Multiple Completion</td> <td><input type="checkbox"/> Water Shut-Off</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other <u>Recompletion</u></td> </tr> </table>		<input type="checkbox"/> Abandonment	<input type="checkbox"/> New Construction	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Pull or Alter Casing	<input type="checkbox"/> Change of Plans	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Conversion to Injection	<input checked="" type="checkbox"/> Shoot or Acidize	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Vent or Flare	<input type="checkbox"/> Multiple Completion	<input type="checkbox"/> Water Shut-Off	<input type="checkbox"/> Other <u>Recompletion</u>		SUBSEQUENT REPORT (Submit Original Form Only) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Abandonment *</td> <td><input type="checkbox"/> New Construction</td> </tr> <tr> <td><input type="checkbox"/> Casing Repair</td> <td><input type="checkbox"/> Pull or Alter Casing</td> </tr> <tr> <td><input type="checkbox"/> Change of Plans</td> <td><input type="checkbox"/> Shoot or Acidize</td> </tr> <tr> <td><input type="checkbox"/> Conversion to Injection</td> <td><input type="checkbox"/> Vent or Flare</td> </tr> <tr> <td><input type="checkbox"/> Fracture Treat</td> <td><input type="checkbox"/> Water Shut-Off</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Abandonment *	<input type="checkbox"/> New Construction	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Pull or Alter Casing	<input type="checkbox"/> Change of Plans	<input type="checkbox"/> Shoot or Acidize	<input type="checkbox"/> Conversion to Injection	<input type="checkbox"/> Vent or Flare	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Water Shut-Off	<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Water Shut-Off																											
<input type="checkbox"/> Other _____																												
Approximate Date Work Will Start <u>03-08-92</u>		Date of Work Completion _____ Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form. * Must be accompanied by a cement verification report.																										

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Medallion Exploration plans to re-enter the well to evaluate the Wasatch formation. To determine the source of Salt Water Production. Medallion also plans to re-complete the well by squeezing water zones, perforating additional zones in Wasatch, and acidizing all old zones with 15% of HCL & additives; Should the results of the evaluation prove to be positive.

Medallion will perform this procedure under House Bill #110.

RECEIVED

MAR 19 1992

DIVISION OF
OIL GAS & MINING

14. I hereby certify that the foregoing is true and correct

Name & Signature

(State Use Only)

Title

Date

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

3. Lease Designation and Serial Number

14-20-H62-2463

7. Indian Allottee or Tribe Name

UTE

3. Unit or Communitization Agreement

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells; deepen existing wells; or to reenter plugged and abandoned wells.

Use APPLICATION FOR PERMIT for such proposals.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other (specify)

9. Well Name and Number

Ute Tribal E-1

2. Name of Operator

Medallion Exploration

10. API Well Number

4301330068

3. Address of Operator

2091 E. 4800 S. #22 SLC, UT 84117

4. Telephone Number

801-277-0801

11. Field and Pool, or Wildcat

Altamont

5. Location of Well

Footage: 2038' FNL & 1989' FEL (T3S, R6W; Sec. 12) County: Duchesne

Qd. Sec. T., R., M.

State: UTAH

12. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT
(Submit in Duplicate)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | |

Approximate Date Work Will Start

SUBSEQUENT REPORT
(Submit Original Form Only)

- | | |
|---|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> XXX Other Place Well Back On Production | |

Date of Work Completion 6-10-92

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

Must be accompanied by a cement verification report.

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

The operator performed the following procedure to place the captioned well back on production. This well has been shut-in and temporarily abandoned since 1979 and the production equipment were dismantled and completely removed.

Fished out old downhole equipment, cleaned well, and removed scale. Tested and acidized the well in various stages in Watsch formation and plugged the lower pressure zones and recompleted selected intervals in this formation. Re-constructed the location and installed production equipment and storage tanks. Hooked up gas line and placed the well back on production. The well is currently producing 30 bbls of oil, 100 mcf of gas, and 25 bbls of water on a daily basis.

NOTE: Medallion performed this Workover/recompletion under the HB #110.

14. I hereby certify that the foregoing is true and correct

Name & Signature

A. MAJDI

Title

Operations

Date 6/26/92

State Use Only

RECEIVED

JUL 08 1992

DIVISION OF
OIL GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

3. Lease Designation and Serial Number

14-20-H62-2463

7. Indian Allottee or Tribe Name

Ute

3. Unit or Communitization Agreement

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.

Use APPLICATION FOR PERMIT for such proposals.

1. Type of Well

☐ Oil Well

☐ Gas Well

☐ Other (specify)

3. Well Name and Number

Ute E-1 1-12C6

10. API Well Number

4301330068

2. Name of Operator

Medallion Exploration

3. Address of Operator

2091 E. 4800 S. Suite 22 SLC Utah

4. Telephone Number

(801) 277-0801

11. Field and Pool, or Wildcat

Cedar Rim

5. Location of Well

Footage : 2,338' FNL & 1,989' FEL

County : Duchesne

Co. Sec. T., R., M. : Sec 12, T3S, R6W

State : UTAH

12. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT
(Submit in Duplicate)

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
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| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | |

SUBSEQUENT REPORT
(Submit Original Form Only)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | |

Approximate Date Work Will Start Nov 1, 1993

Date of Work Completion

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

• Must be accompanied by a cement verification report.

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

See Attachment

RECEIVED

OCT 07 1993

DIVISION OF
OIL, GAS & MINING

14. I hereby certify that the foregoing is true and correct

Name & Signature RaSchelle Richens

Title Office Manager

Date 9-20-93

State Use Only

10-12-93
Please notify State at beginning of workover

Medallion Exploration

Ute E1-12C6
Afe #: MX-030-93

Tbg Detail	Wellhead 10"x5,000#	Csg Detail
286 Jts 2-7/8 N-80 Seal-lok Tbg		9-5/8 40# to 7,888'
Guiberson PL-1 Dual Pump Cavity		7" 26# 7,273 to 10,202'
1 Jt 2-7/8 8 RD		PBTD @ 9,990 w/CIBP
268 Jts 2-3/8 N-80 DSS-NT Tbg		Perfs

PROCEDURE

- Step 1: MIRUSU and Allied Equipment.
- Step 2: POOH w/production tbgs.
- Step 3: RIH w/6-1/8" Bladed Mill w/7" Csg Scraper and clean out to 9,950'.
- Step 4: RU and Perforate 21 Intervals, 67 Ft, 2 JSPF, 134 holes. (perf sheet attached).
- Step 5: RIH w/7", 26# RBP, Pkr and isolate new perfs in four stages and acidize w/6,700 gals 7-1/2% HCL w/rocksalt as diverter.
- Step 6: Swab test each setting after acid job.
- Step 7: Return well to production status.

04-Oct-93

Medallion Exploration

E1-12C6

AFE #: MX-030-93

OLD PERFS

8448-60
8482-96
8513-20
8523-38
8542-49
9442-90
9542-59
9608-20
9855-60
9868-90

NEW PERFS

BOREHOLE COMP SONICLOG 12/4/71

8640-42 2'
8764-66 2'
8778-80 2'
8838-42 4'
8849-52 3'
8875-80 5'
8929-31 2'
8946-50 4'
8972-76 4'
8990-92 2'
9014-16 2'
9054-58 4'
9100-02 2'
9150-52 2'
9198-202 4'
9336-40 4'
9368-72 4'
9680-84 4'
9705-08 3'
9812-16 4'
9825-29 4'

67 FT 134 HOLES

NEED BOREHOLE AND BOND LOGS

PHONE CONVERSATION DOCUMENTATION FORM

Route original/copy to:

☐ Well File UTE TRIBAL E-1☐ Suspense☐ OtherUSYC

(Return Date) _____

(Location) Sec 12 Twp 033 Rng 06W

(To - Initials) _____

(API No.) 43 013 300681. Date of Phone Call: 7-30-92 Time: 2:202. DOGM Employee (name) VICKY CARNEY (Initiated Call ☒)
Talked to:Name BEN CHRISTENSEN (Initiated Call ☐) - Phone No. (277-0801of (Company/Organization) MEDALLION EXPL 160503. Topic of Conversation: PLAT # APD SHOW FTGS AS 2038 FNL
& 1898 FEL COMPLETION & SUBSEQUENT SURVIES
SHOW 2038 FNL 1989 FEL.

4. Highlights of Conversation: _____

7-30-92 2:35 Jim called & we determined this
should be (1898 FEL). He will correct his records
& any further surveys, etc will show correct
footages.

RECEIVED

OCT 25 1993

DIVISION OF
OIL, GAS & MINING

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING
WORKOVER AND COMPLETION FORM

COMPANY: MEDALLION EXPLORATION COMPANY REP: STEVE LAMB

WELL NAME: UTE TRIBAL #E-1 API NO: 43-013-30068

SECTION: 12 TWP: 3S RANGE: R6W

CONTRACTOR: TRINITY RIG NUMBER: #1

INSPECTOR: DENNIS INGRAM TIME: 2:15 PM AM/PM DATE: 10/20/93

OPERATIONS AT THE TIME OF INSPECTION: WORKING TO RELEASE PACKER (HAVING TROUBLE).

=====

WELL SIGN: Y TYPE OF WELL: OIL STATUS PRIOR TO WORKOVER: POW

H2S: N/A ENVIRONMENTAL: OK PIT: Y BOPE: Y

DISPOSITION OF FLUIDS USED: FLAT TANK & TRUCK

DOES THIS WORKOVER QUALIFY FOR STATE TAX CREDITS: (Y/N) NO

PERFORATED: _____ STIMULATED: _____ SAND CONTROL: _____

WATER SHUT OFF: _____ WELLBORE CLEANOUT: Y WELL DEEPENED: _____

CASING OR LINER REPAIR: _____ ENHANCED RECOVERY: _____ THIEF ZONE: _____

CHANGE OF LIFT SYSTEM: _____ TUBING CHANGE: _____ OTHER CEMENT SQUEEZE: _____

SURFACE EQUIPMENT CHANGES OR ASSOCIATED COSTS DO NOT QUALIFY FOR CREDITS.

=====

REMARKS:

GOING TO DO AN ACID JOB ON A COUPLE OF ZONES. PIT IS FENCED AND DRY.

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

d. Lease Designation and Serial Number

14-20-H62-2463

7. Indian Allottee or Tribe Name

Ute

8. Unit or Communitization Agreement

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.

Use APPLICATION FOR PERMIT for such proposals.

1. Type of Well

☒ Oil Well

☐ Gas Well

☐ Other (specify)

9. Well Name and Number

Ute E-1 1-12C6

2. Name of Operator

Medallion Exploration

10. API Well Number

4301330068

3. Address of Operator

2091 E. 4800 S. Suite 22, SLC Utah 84117

4. Telephone Number

(801) 277-0801

11. Field and Pool, or Wildcat

Cedar Rim

5. Location of Well

Footage : 2,038' FNL & 1,989' FEL
Q.Q. Sec. T., R., M. : Sec 12, T3S, R6W

County : Duchesne

State : UTAH

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT

(Submit in Duplicate)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | |

Approximate Date Work Will Start

SUBSEQUENT REPORT

(Submit Original Form Only)

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input checked="" type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | |

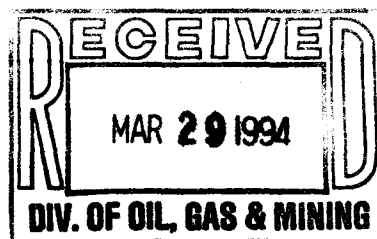
Date of Work Completion 11-09-93

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

See Attachment



13. I hereby certify that the foregoing is true and correct

Name & Signature

RaSchelle Richens

Title Office Manager

Date 11/20/03

State Use Only)

Medallion Exploration

E-1

MX-030-93

Perforated additional Wasatch perfs.

8760-8762'

8774-8776'

8834-8838'

8849-8846'

8871-8876'

8925-8927'

8942-8946'

8970-8974'

8986-8988'

9010-9012'

9050-9054'

9066-9070'

9146-9148'

9195-9198'

9246-9254'

9330-9334'

9364-9368'

9678-9682'

9702-9706'

TOTAL: 204'

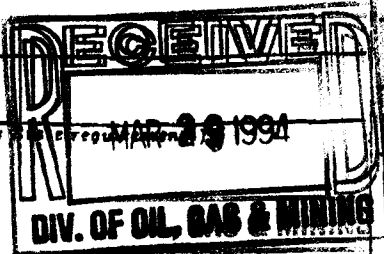
**Swab test and acidize perfs F/8,760-9,368' w/6,000 gals 7-1/2% HCL
using 270 balls.**

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN DUPLICATE
(See other instructions
on reverse side)

56 64 01

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____						5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-2463	
2. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input checked="" type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. REVR. <input type="checkbox"/> Other _____						6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute	
2. NAME OF OPERATOR Medallion Exploration						7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 2091 E. 4800 S. Suite 22 SLC, Utah 84117						8. FARM OR LEASE NAME Ute Tribal E-1	
<div style="text-align: center;">  </div>						9. WELL NO. 1-12C6	
						10. FIELD AND POOL, OR WILDCAT Cedar Rim	
						11. SEC., T., R., M., OR BLOCK AND SURVEY OR ABBA Sec 12, T3S, R6W	
						12. COUNTY OR PARISH Duchesne	
14. PERMIT NO. 4301330081 68						15. DATE ISSUED	
13. DATE SPUDDED 9-29-71		16. DATE T.D. REACHED 12-5-71		17. DATE COMPL. (Ready to prod.) 12-25-71		18. ELEVATIONS (OF. RES. RT. GK. ETC.) * 6040' GR 18 KB	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 10,202		21. PLUG, BACK T.D., MD & TVD 10,172		22. IF MULTIPLE COMPL. HOW MANY *	
23. INTERVALS DRILLED BY All						24. ROTARY TOOLS	
25. CABLE TOOLS						26. WAS DIRECTIONAL SURVEY MADE	
27. PRODUCING INTERVAL (S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) * 8,760'-9,706'							
28. TYPE ELECTRIC AND OTHER LOGS RUN							
29. WAS WELL CORED							
30. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT FULLED	
13-3/8"	54.5	515 KB	17-1/2"	500 sx CIG and 2% CC		---	
9-5/8"	40#	7,888 KB	12-1/4"	600 Sx 50/50 Posmix		10% Salt	
				3/4 Frict. reducer & 150 Sx type Gcx.			
31. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT *	SCREEN (MD)	32. TUBING RECORD		
7"	7,295	10,199	550 Sx 50/50 Posmix		SIZE	DEPTH SET (MD)	PACKER SET (MD)
26# S-95	Brown Liner Hanger Top @ 7,273 K.B.				2-7/8"	8,020'	Baker 8,020'
					2-7/8"	3,031'	
33. PERFORATION RECORD (Interval, size and number)							
See Attachment							
34. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
				See Attachment			
35. PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
11/10/93		Pumping				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11/11/93	24			75.96	104	60	
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
N/A	N/A		75.96	104	60		
36. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Sold to ANR						Steve Lamb	
37. LIST OF ATTACHMENTS							
38. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED		TITLE				DATE	
[Signature]		Office Manager				11/20/93	

(See Instructions and Space for Additional Data on Reverse Side)

Medallion Exploration

E-1

MX-030-93

Perforated additional Wasatch perfs.

8760-8762'

8774-8776'

8834-8838'

8849-8846'

8871-8876'

8925-8927'

8942-8946'

8970-8974'

8986-8988'

9010-9012'

9050-9054'

9066-9070'

9146-9148'

9195-9198'

9246-9254'

9330-9334'

9364-9368'

9678-9682'

9702-9706'

TOTAL: 204'

**Swab test and acidize perfs F/8,760-9,368' w/6,000 gals 7-1/2% HCL
using 270 balls.**

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well: OIL ☒ GAS ☐ OTHER:

2. Name of Operator:

Medallion Exploration

3. Address and Telephone Number:

6975 Union Park Center, #310 Midvale, Ut 84047

4. Location of Well

Footages:

OQ, Sec., T., R., M.:

2,338' FNL & 1,989' FEL
SWNE, Sec. 12, T35, R6W

5. Lease Designation and Serial Number:

14204622463

6. If Indian, Allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

TRIBAL E-1

9. API Well Number:

4301330068

10. Field and Pool, or Wildcat:

ALTA MONT

County:

State:

Duchesne
UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT

(Submit in Duplicate)

- | | |
|---|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Other <u>Change Of Operator</u> | |

Approximate date work will start _____

SUBSEQUENT REPORT

(Submit Original Form Only)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other _____ | |

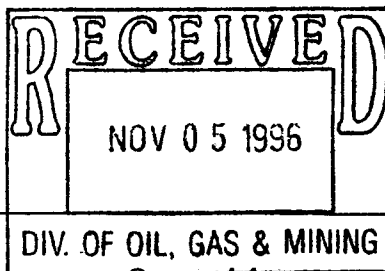
Date of work completion _____

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

• Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Effective November 1, 1996, Medallion Exploration will relinquish the operatorship of the referenced well to the Barrett Resources Corp.



13.

Name & Signature: _____

Title: Operations

Date: 10/1/96

(This space for State use only)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or recut to a different reservoir.

Use "APPLICATION FOR PERMIT---" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Gas
☒ Well ☐ Well ☐ Other

2. Name of Operator

BARRETT RESOURCES CORPORATION

3. Address and Telephone No.

1515 ARAPAHOE ST, TOWER 3, #1000, DENVER, CO 80202 (303) 572-3900

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2338' FNL 1989' FEL
SWNE 12-3S-6W

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of intent
☐ Subsequent Report
☐ Final Abandonment Notice

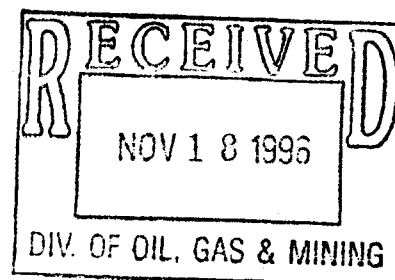
TYPE OF ACTION

Abandonment
Recompletion
Plugging Back
Casing Repair
Altering Casing
☒ Other CHANGE OF OPERATOR
Change of plans
New Construction
Non-Routine Fracturing
Water Shut-Off
Conversion to Injection
Dispose Water

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

PLEASE BE ADVISED THAT EFFECTIVE NOVEMBER 1, 1996, BARRETT RESOURCES CORPORATION TOOK OVER OPERATIONS OF THE ABOVE WELL FROM MEDALLION EXPLORATION.



14. I hereby certify that the foregoing is true and correct

Joseph P. Barrett
Vice President - Land

Signed

Title

Date

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

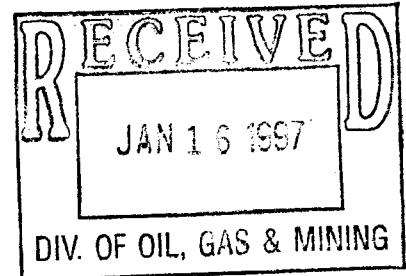
memorandum

DATE: January 13, 1997

REPLY TO
ATTN OF: Superintendent, Uintah and Ouray Agency

SUBJECT: Change of Operator

TO: Bureau of Land Management, Vernal District Office
Attention: Margie Herrmann, Division of Minerals and Mining



We have received copies of Sundry Notices and Reports on Wells (Form 3160-5), requiring BIA Action, informing this office of a change of operator for the following wells on the attached sheets.

OPERATOR - FROM: MEDALLION EXPLORATION
TO: BARRETT RESOURCES CORP.

This office recommends a approval for the Changes of Operator for the well(s) that are on allotted/tribal property. We are aware of the wells that are not on allotted/ tribal property, but have allotted/tribal mineral interests, and we have no objection to your approval of the change of operator requests.

All operations will be covered under a \$75,000 Collective Bond filed with this office for Barrett's.

If you have any questions, please contact this office at (801) 722-4310.

Charles H. Cameron

cc: Jerry Kenczka, BLM/Vernal
Energy & Minerals, Ute Tribe
Ute Distribution Corporation, Roosevelt, UT
Lisha Cordova, State of Utah
Theresa Thompson, BLM/State Office

CHANGE OF OPERATOR
FROM MEDALLION TO BARRETT

Twنشp	Range	Sec	Well Name	Well Location	On Lse?	Lease No.	Chg of Operator for CA needed
1N	2W	20	Ute 1-20Z2	NWSE	Y	1537	n/a
1N	2W	21	Ute 1-21Z2	NESW	Y	1538	n/a
2S	6W	34	Tribal 1-34B6	SWSE	Y	2494	n/a
3S	5W	4	Voda 1-4C5	NWNE	N	Free	
3S	6W	2	Tribal 2-2C6	SWSW	Y	2460	n/a
3S	6W	3	Tribal 1-3C6	SWSE	Y	3365	n/a
			Tribal 2-3C6	NENW	Y		
3S	6W	4	Tribal 1-4C6	SWNE	Y	4668	n/a
			Tribal 1-9C6	SWNE	Y	2461	n/a
3S	6W	9	Tribal 2-9C6	SWSW	Y		
3S	6W	11	Tribal 2-11C6	NESW	Y	2462	n/a
3S	6W	12	Tribal E-2	SWSW	Y	2463	n/a
			Tribal E-1	SWNE	Y		
3S	6W	13	Tribal F-1	NENE	Y	2466	n/a
			Tribal 2-13C6	NESW	Y		
3S	6W	23	Tribal L-1	SWNE	Y	1123	n/a
			Tribal 2-23C6	NESW	Y		
3S	6W	24	Tribal G-1	SWNE	Y	1137	n/a
3S	6W	35	Tribal 1-35C6	SWNE	Y	3436	n/a
3S	6W	36	Tribal 1-36C6	NENE	Y	3445	n/a
4S	5W	5	Tribal 5-1	SENE	Y	2630	n/a
4S	5W	9	Tribal 3-9	SENE	Y	3543	n/a
4S	5W	10	Tribal 10-1	SENE	Y	3544	n/a

OPERATOR CHANGE WORKSHEET

Attach all documentation received by the division regarding this change.

Initial each listed item when completed. Write N/A if item is not applicable.

Routing	
1- <i>[Signature]</i>	6- <i>[Signature]</i>
2-GLH	7-KDRF/ly
3-DTS <i>[Signature]</i>	8-SI
4-VLD	9-FILE
5-RIF	

☒ Change of Operator (well sold)

☐ Designation of Agent

☐ Designation of Operator

☐ Operator Name Change Only

The operator of the well(s) listed below has changed, effective: 11-1-96

TO: (new operator) **BARRETT RESOURCES CORP**
 (address) **1515 ARAPAHOE ST T3 #1000**
DENVER CO 80202
JOSEPH BARRETT, VP LAND
 Phone: **(303) 606-4259**
 Account no. **N9305**

FROM: (old operator) **MEDALLION EXPLORATION**
 (address) **6975 UNION PK CTR #310**
MIDVALE UT 84047
JAKE HAROUNY
 Phone: **(801) 566-7400**
 Account no. **N5050**

WELL(S) attach additional page if needed:

Name: **SEE ATTACHED**	API: <u>013-30068</u>	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____

OPERATOR CHANGE DOCUMENTATION

- Yec 1. (r649-8-10) Sundry or other legal documentation has been received from the **FORMER** operator (attach to this form). *(Rec'd 11-5-96)*
- Yec 2. (r649-8-10) Sundry or other legal documentation has been received from the **NEW** operator (Attach to this form). *(Rec'd 11-18-96)*
- N/A 3. The **Department of Commerce** has been contacted if the new operator above is not currently operating any wells in Utah. Is the company **registered with the state?** (yes/no) ____ If yes, show company file number: _____
- Yec 4. **FOR INDIAN AND FEDERAL WELLS ONLY.** The BLM has been contacted regarding this change. Make note of BLM status in comments section of this form. BLM approval of **Federal** and **Indian** well operator changes should ordinarily take place prior to the division's approval, and before the completion of steps 5 through 9 below.
- Yec 5. Changes have been entered in the **Oil and Gas Information System** (3270) for each well listed above. *(1-16-97)*
- Yec 6. **Cardex** file has been updated for each well listed above. *(1-17-97)*
- Yec 7. Well **file labels** have been updated for each well listed above. *(1-17-97)*
- Yec 8. Changes have been included on the monthly "Operator, Address, and Account Changes" memo for distribution to Trust Lands, Sovereign Lands, UGS, Tax Commission, etc. *(1-16-97)*
- Yec 9. A folder has been set up for the **Operator Change file**, and a copy of this page has been placed there for reference during routing and processing of the original documents.



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Vernal District Office
170 South 500 East
Vernal, Utah 84078-2799

Phone: (801) 781-4400
Fax: (801) 781-4410

IN REPLY REFER TO:
3162.3
UT08300

March 11, 1997

Barrett Resources Corporation
Attn: Greg Davis
1515 Arapahoe St., Tower 3, Suite 1000
Denver CO 80202

43-013-30068
Re: Well No. Ute Tribal 1-12C6 (E-1)
SWNE, Sec. 12, T3S, R6W
Lease 14-20-H62-2463
Duchesne County, Utah

Dear Mr. Davis:

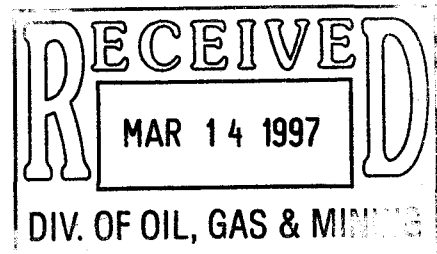
This correspondence is in regard to the Sundry Notice submitted requesting a change in operator for the referenced well. After a review by this office, the change in operator request is approved. Effective immediately, ~~Barrett Resources Corporation~~ is responsible for all operations performed on the referenced well. All liability will now fall under your bond, a \$75,000 BIA Collective Bond, for all operations conducted on the referenced well on the leased land.

If you have any other questions concerning this matter, please contact Margie Herrmann or Pat Sutton of this office at (801) 789-1362.

Sincerely,

Howard B. Cleavinger II
Assistant Field Manager
Minerals Resources

cc: Medallion Exploration
BIA
Division Oil, Gas, & Mining



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

1420H622463

6. If Indian, Alottee or Tribe Name

UTE TRIBE

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

BARRETT RESOURCES CORPORATION

3. Address and Telephone No.

1515 ARAPAHOE ST, TOWER 3, #1000, DENVER, CO 80202 (303) 572-3900

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2038' FNL 1898' FEL

SWNE SEC 12-T3S-R6W

7. If Unit or CA, Agreement Designation

8. Well Name and No.

UTE TRIBAL E 1-12C6

9. API Well No.

43-013-30068

10. Field and Pool, or Exploratory Area

ALTAMONT

11. County or Parish, State

DUCHESNE, UTAH

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐
- Notice of intent
-
- ☐
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

- ☐
- Abandonment
-
- ☐
- Recompletion
-
- ☐
- Plugging Back
-
- ☐
- Casing Repair
-
- ☐
- Altering Casing
-
- ☒
- Other CHANGE OF OPERATOR
-
- ☐
- Change of plans
-
- ☐
- New Construction
-
- ☐
- Non-Routine Fracturing
-
- ☐
- Water Shut-Off
-
- ☐
- Conversion to Injection
-
- ☐
- Dispose Water

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Effective January 1, 2000, Barrett Resources Corporation will relinquish
the operatorship of the referenced well to Coastal Oil and Gas Corporation.

RECEIVED

JAN 04 2000

DIVISION OF OIL, GAS & MINING

14. I hereby certify that the foregoing is true and correct

Signed

Joseph P. Barrett

TITLE

Senior Vice President, Land

Date

12/22/99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title to U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

22

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED
Budget Bureau No. 1004-0135
Expires July 31, 1996

5. Lease Serial No.

U38256

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA/Agreement, Name and/or No

8. Well Name and No.

Ute Tribal E (1-12C6)
1-12C6

9. API Well No.

43-013-30068-00

10. Field and Pool, or Exploratory Area

11. County or Parish, State

Duchesne Utah

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

COASTAL OIL & GAS CORPORATION ATTN:C CAMERON

3a. Address

P. O. Box 1148 Vernal, Utah 84078

3b. PhoneNo. (include area code)

435-781-7023

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 12-T3S-R6W SWNE

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Acidize

☐ Deepen

☐ Production (Start/Resume)

☐ Water Shut-Off

☐ Alter Casing

☐ Fracture Treat

☐ Reclamation

☐ Well Integrity

☐ Casing Repair

☐ New Construction

☐ Recomplete

☒ Other Change Of

☐ Change Plans

☐ Plug and Abandon

☐ Temporarily Abandon

Operator

☐ Convert to Injection

☐ Plug Back

☐ Water Disposal

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximated duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Please be advised Coastal Oil & Gas Corporation at P. O. Box 1148 Vernal, Utah 84078 is considered to be the operator of the above referenced well and is responsible under the terms and conditions of the lease for the operations conducted upon the leased lands.

Effective date of change is January 1, 2000

BLM Bond coverage is provided by U605382-9.

Utah State bond coverage is U2644534. State operator number is 17102.

Please contact Cheryl Cameron at 435-781-7023 if you have any questions.

RECEIVED

JAN 10 2000

DIVISION OF
OIL, GAS AND MINING

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

John T. Elzner

Title

Vice President

Date

12/28/99

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office



**United States Department of the Interior
BUREAU OF INDIAN AFFAIRS**

Uintah and Ouray Agency

P. O. Box 130

988 South 7500 East

Fort Duchesne, Utah 84026-0130

Phone: (435) 722-4300

Fax: (435) 722-2323

**IN REPLY REFER TO:
Minerals and Mining
Phone: (435) 722-4310
Fax: (435) 722-2809**

**Coastal Oil & Gas Corporation
Attn: Carroll Wilson**

Vernal, UT 84078

Dear Mr. Wilson:

FILE NO.

File Under

October 29, 2000

- ☐ Input Sheets
- ☐ Division Orders
- ☐ Title And Curative
- ☐ Lease
- ☐ Correspondence
- ☐ Other
- ☐ Analyst

Transmitted herewith for your records are Assignment(s) of Mining Lease for Oil and Gas Lease No.(s) listed below. These assignment(s) were approved on February 24, 2000, for record title only as indicated in our files.

**LEASES NO.(S) 14-20-H62-1822, 1823, 1824, 1825, 2881, 2882, 2913, 2914, 2927, 2928, 2955, 2956, 2957 (Allotted Leases)
14-20-462-1130, 1131, 1322, 1323, 1329, 14-20-H62-1723, 1724, 1801, 1802, 1803, 1804, 1806, 1807, 1809, 1810, 2463, 2873, 2874, 2894, 2895, 2907, 3436, 4531, 4653, 4664, 4672, 4780 (JM leases)**

ASSIGNOR: Barrett Resources Corp.

ASSIGNEE: Coastal Oil & Gas Corporation

We have enclosed a listing of the Record Title Interest - By Lease, according to our records. This shows the companies who own an interest in these leases, and their percentage of interest. If our records differ from yours, please notify this office immediately, so that we can make any necessary corrections.

As a reminder, we would like to inform you of Paragraph (h) in all Oil and Gas Leases:

"Assignment. No to assign, sublet, or transfer this lease or any interest herein by an operating agreement or otherwise before restrictions are removed, except with the written approval of the Superintendent..."

and, 25 Code of Federal Regulations, Part 211.26, and Part 212.22, Assignments and Overriding Royalties.

Page 2
Assignments of
Mining Leases

- (a) Approved leases or any interest therein may be assigned or transferred only with the approval of the Secretary of the Interior, and to procure such approval the assignee must be qualified to hold such lease under existing rules and regulations and shall furnish a satisfactory bond conditioned for the faithful performance of the covenants and conditions thereof:

Provided, That in order for such assignment to receive favorable consideration the lessee shall assign either his whole interest or an undivided interest in the whole lease.

- (b) No Lease or interest therein or the use of such lease shall be assigned, sublet, or transferred, directly or indirectly by working or drilling contract, or otherwise, without the consent of the Secretary of the Interior.

We apologize for the long process of these assignments. If you have any questions, please contact the Minerals and Mining Office.

Sincerely,



Minerals and Mining
for Superintendent

Enclosures

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL
OIL WELL ☐ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR:
El Paso Production Oil & Gas Company

3. ADDRESS OF OPERATOR:
8 South 1200 East CITY Vernal STATE Utah ZIP 84078 PHONE NUMBER: 435-789-4433

4. LOCATION OF WELL
FOOTAGES AT SURFACE: COUNTY: STATE: UTAH
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:

5. LEASE DESIGNATION AND SERIAL NUMBER:

6. IF INDIAN ALLOTTEE OR TRIBE NAME:

7. UNIT or CA AGREEMENT NAME:

8. WELL NAME and NUMBER:

Exhibit "A"

9. API NUMBER:

10. FIELD AND POOL, OR WILDCAT:

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input checked="" type="checkbox"/> OTHER: Name Change
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

As a result of the merger between The Coastal Corporation and a wholly owned subsidiary of El Paso Energy Corporation, the name of Coastal Oil & Gas Corporation has been changed to El Paso Production Oil & Gas Company effective March 9, 2001.

See Exhibit "A"

Bond # 400JU0708

Coastal Oil & Gas Corporation

NAME (PLEASE PRINT) John T. Elzner

TITLE Vice President

SIGNATURE [Signature]

DATE 06-15-01

El Paso Production Oil & Gas Company

NAME (PLEASE PRINT) John T. Elzner

TITLE Vice President

SIGNATURE [Signature]

DATE 06-15-01

(This space for State use only)

RECEIVED

JUN 19 2001

DIVISION OF
OIL, GAS AND MINING

State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COASTAL OIL & GAS CORPORATION", CHANGING ITS NAME FROM "COASTAL OIL & GAS CORPORATION" TO "EL PASO PRODUCTION OIL & GAS COMPANY", FILED IN THIS OFFICE ON THE NINTH DAY OF MARCH, A.D. 2001, AT 11 O'CLOCK A.M.

RECEIVED

JUN 6 2001

DIVISION OF
OIL, GAS AND MINING



0610204 8100

010162788

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1061007

DATE: 04-03-01

CERTIFICATE OF AMENDMENT

OF

CERTIFICATE OF INCORPORATION

COASTAL OIL & GAS CORPORATION (the "Company"), a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware, DOES HEREBY CERTIFY:

FIRST: That the Board of Directors of the Company, by the unanimous written consent of its members, filed with the minutes of the Board, adopted a resolution proposing and declaring advisable the following amendment to the Certificate of Incorporation of the Company:

RESOLVED that it is deemed advisable that the Certificate of Incorporation of this Company be amended, and that said Certificate of Incorporation be so amended, by changing the Article thereof numbered "FIRST," so that, as amended, said Article shall be and read as follows:


"FIRST. The name of the corporation is El Paso Production Oil & Gas Company."

SECOND: That in lieu of a meeting and vote of stockholders, the stockholders entitled to vote have given unanimous written consent to said amendment in accordance with the provisions of Section 228 of the General Corporation Law of the State of Delaware.

THIRD: That the aforesaid amendment was duly adopted in accordance with the applicable provisions of Sections 242 and 228 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said COASTAL OIL & GAS CORPORATION has caused this certificate to be signed on its behalf by a Vice President and attested by an Assistant Secretary, this 9th day of March 2001.

COASTAL OIL & GAS CORPORATION



David L. Siddall
Vice President

Attest:



Margaret E. Roark, Assistant Secretary

RECEIVED

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 11:00 AM 03/09/2001
010118394 - 0610204

JUN 19 2001

DIVISION OF
OIL, GAS AND MINING



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Utah State Office
P.O. Box 45155
Salt Lake City, UT 84145-0155

RECEIVED

JUL 12 2001

DIVISION OF
OIL, GAS AND MINING

In Reply Refer To:
3106
UTSL-065841
(UT-924)

JUL 10 2001

NOTICE

El Paso Production Oil & Gas Company	:	Oil and Gas
Nine Greenway Plaza	:	
Houston TX 77046-0095	:	

Name Change Recognized

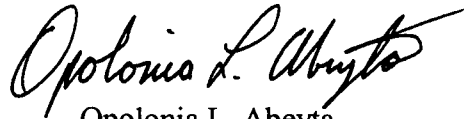
Acceptable evidence has been received in this office concerning the name change of Coastal Oil & Gas Corporation into El Paso Production Oil & Gas Company with El Paso Production Oil & Gas Company being the surviving entity.

For our purposes, the name change is recognized effective March 9, 2001.

The oil and gas lease files identified on the enclosed exhibit have been noted as to the name change. The exhibit was compiled from a list of leases obtained from our computer program. We have not abstracted the lease files to determine if the entities affected by this name change hold an interest in the leases identified nor have we attempted to identify leases where the entities are the operator on the ground maintaining no vested recorded title or operating rights interests. We will be notifying the Minerals Management Service and all applicable Bureau of Land Management offices of the change by a copy of this notice. If additional documentation for changes of operator are required by our Field Offices, you will be contacted by them.

If you identify additional leases in which the entities maintain an interest, please contact this office and we will appropriately document those files with a copy of this Notice.

Due to the name change, the name of the principal/obligor on the bond is required to be changed from Coastal Oil & Gas Corporation to El Paso Production Oil & Gas Company. You may accomplish this either by consent of surety rider on the original bond or a rider to the original bond. The bonds are held in Wyoming and Colorado.



Opolonia L. Abeyta
Acting Chief, Branch of
Minerals Adjudication

Enclosure

1. Exhibit of Leases (1 pp)

cc: Moab Field Office
Vernal Field Office
MMS, Reference Data Branch, MS3130, PO Box 5860, Denver CO 80217
*State of Utah, DOGM, Attn: Jim Thompson (Ste. 1210), Box 145801, SLC UT 84114
Teresa Thompson (UT-922)
Joe Incardine (UT-921)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

BARRETT RESOURCES CORPORATION, KNA
WILLIAMS PRODUCTION RMT COMPANY, INC.

3a. Address

1515 ARAPAHOE ST. TOWER 3, SUITE #1000
DENVER, CO 80202

3b. Phone No. (include area code)

(303) 572-3900

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2038' FNL & 1898' FEL
SWNE SEC. 12, T3S, R6W

5. Lease Serial No.

14-20-H62-2463

6. If Indian, Allottee or Tribe Name

UTE TRIBE

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

UTE TRIBAL E 1-12C6

9. API Well No.

43-013-30068

10. Field and Pool, or Exploratory Area

ALTAMONT

11. County or Parish, State

DUCHESNE COUNTY, UT

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	SUCCESSOR OF
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	OPERATOR

13. Describe Proposed or Completed Operations (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.

EFFECTIVE JANUARY 1, 2000, BARRETT RESOURCES CORPORATION (KNA WILLIAMS PRODUCTION RMT COMPANY, INC) WILL RELINQUISH THE OPERATORSHIP OF THE REFERENCED WELL TO COASTAL OIL AND GAS CORPORATION.

RECEIVED

MAY 6 1 2002

DIVISION OF
OIL, GAS AND MINING

Name (Printed/Typed)

JOSEPH P. BARRETT

Title

Attorney-in-Fact

SENIOR VICE PRESIDENT, LAND

Signature

Date

APRIL 15, 2002

THIS SPACE FOR FEDERAL OR STATE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

EL PASO PRODUCTION OIL & GAS COMPANY

3a. Address

P.O. BOX 1148 VERNAL, UT 84078

3b. Phone No. (include area code)

(435) 781-7023

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2038' FNL & 1898 FEL

SWNE SEC. 12, T3S, R6W

5. Lease Serial No.

14-20-H62-2463

6. If Indian, Allottee or Tribe Name

UTE TRIBE

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

UTE TRIBAL E 1-12C6

9. API Well No.

43-013-30068

10. Field and Pool, or Exploratory Area

ALTAMONT

11. County or Parish, State

DUCHESNE COUNTY, UT

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	SUCCESSOR OF
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	OPERATOR

13. Describe Proposed or Completed Operations (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.

COASTAL OIL & GAS CORPORATION IS CONSIDERED TO BE THE OPERATOR ON THE ABOVE DESCRIBED LANDS AND IS RESPONSIBLE UNDER THE TERMS AND CONDITIONS OF THE LEASE FOR THE OPERATIONS CONDUCTED ON THE LEASED LANDS OR PORTIONS THEREOF, BOND COVERAGE FOR THIS WELL IS PROVIDED BY BIA NATIONWIDE BOND NO. 114066-A, EFFECTIVE JANUARY 1, 2000.

COASTAL OIL & GAS CORPORATION WILL RELINQUISH THE OPERATORSHIP OF THE REFERENCED WELL TO EL PASO PRODUCTION OIL & GAS COMPANY ON THE ABOVE DESCRIBED LANDS AND IS RESPONSIBLE UNDER THE TERMS AND CONDITIONS OF THE LEASE FOR THE OPERATIONS CONDUCTED ON THE LEASED LANDS OR PORTIONS THEREOF, BOND COVERAGE FOR THIS WELL IS PROVIDED BY BIA NATIONWIDE BOND NO. 103601473, EFFECTIVE MAY 7, 2001.

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

CHERYL CAMERON

Title

OPERATIONS

Signature

Date

APRIL 15, 2002

THIS SPACE FOR FEDERAL OR STATE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

RECEIVED

MAY 8 2002

DIVISION OF
OIL, GAS AND MINING



United States Department of Interior

BUREAU OF INDIAN AFFAIRS

Uintah and Ouray Agency

P. O. Box 130

988 South 7500 East

Fort Duchesne, Utah 84026-0130

Phone: (435) 722-4300 Fax: (435) 722-2323

IN REPLY REFER TO:

Real Estate Services

Phone: (435) 722-4310

Fax: (435) 722-2809

JUN 05 2002

El Paso Production Oil & Gas Company

Attn: Cheryl Cameron

PO Box 1148

Vernal, UT 84078

Dear Ms. Cameron:

We have received copies of Sundry Notices, dated April 15, 2001, informing this office of a change of operator for the following wells:

OPERATOR-FROM: Barrett Resources Corp. (Now known as Williams Production RMT Corporation)
TO: Coastal Oil and Gas Corporation (Now known as El Paso Production Oil & Gas Company)

Legal Description	Lease No.	Well No.	Location
SEC. 27-T3S-R6W	14-20-H62-1322	Cedar Rim 11	NENE
SEC. 27-T3S-R6W	14-20-H62-1322	Cedar Rim 11A	NESW
SEC. 28-T3S-R6W	14-20-H62-1323	Cedar Rim 12	SWNE
SEC. 28-T3S-R6W	14-20-H62-1323	Cedar Rim 12A	SESE
SEC. 33-T3S-R6W	14-20-H62-1328	Cedar Rim 16	SWNE
SEC. 34-T3S-R6W	14-20-H62-1329	Cedar Rim 15	SWNE
SEC. 19-T1S-R2W	14-20-H62-1751	Ute-4-19A2	NWSE
SEC. 24-T1S-R3W	14-20-H62-1761	Ute-7-24A3	NWSE
SEC. 7-T3S-R5W	14-20-H62-2389	Salaratus Wash 1-7C5	SWNE
SEC. 12-T3S-R6W	14-20-H62-2463	Ute Tribal E 1-12C6	SWNE
SEC. 12-T3S-R6W	14-20-H62-2463	Ute Tribal E 2-12C6	SWSW

SEC. 7-T1S-R2W	14-20-H62-2811	Ute 1-7A2	NESW
SEC. 35-T3S-R6W	14-20-H62-3436	BH Ute 1-35C6	SWNE
SEC. 12-T4S-R5W	14-20-H62-4531	Ute Tribal 16-12	SESE
SEC. 1-T1S-R3W	14-20-H62-4664	Unity Ouray 1-1A3	NWSE
SEC. 10-T3S-R6W	14-20-H62-4707	Cedar Rim 14	SWNE
SEC. 10-T3S-R6W	14-20-H62-4707	Cedar Rim 21	SESE
SEC. 25-T3S-R7W	14-20-H62-4707	BLEY 2X-25C7	NESW
SEC. 1-T3S-R6W	14-20-H62-4780	Ute Tribal 1-1C6	NWSE
SEC. 3-T3S-R4W	14-20-H62-4869	Duchesne County UTE-1-3-C4	SENE
SEC. 5-T4S-R5W	14-20-H62-4869	Ute Tribal 5-1	S/2 SENE
SEC. 25-T3S-R6W	14-20-H62-4875	Ute Tribe 1-25C6	SWNE
SEC. 25-T3S-R6W	14-20-H62-4875	Ute Tribal 2-25C6	NESW

This office concurs with the change of operator. All operations will be covered under El Paso's Bond filed with this office, for those wells on trust property.

Please be advised that approval of this Change of Operator does not replace the Lessee(s) of Record, nor does it relieve the Lessee(s) of Record of their responsibilities according to lease terms and conditions.

If you have any questions regarding the above, please contact the Real Estate Office at (435) 722-4310.

Sincerely,

Sgd William Titahywy

Acting Superintendent

DMITCHELL/pcblack:060402
Agency Chrono
Real Estate Chrono
File Copy
Jerry Kenczka, BLM/Vernal
Energy & Minerals, Ute Tribe
Ute Distribution Corporation, Roosevelt, UT
Lisha Cordova, State of Utah
Theresa Thompson, BLM/State Office

OPERATOR CHANGE WORKSHEET

ROUTING

1. CDW✓

2. FILE

X Change of Operator (Well Sold)

Designation of Agent

Operator Name Change

X Merger

The operator of the well(s) listed below has changed, effective: 01-01-2000		
FROM: (Old Operator):	TO: (New Operator)	TO: (New Operator):
BARRETT RESOURCES CORP	COASTAL OIL & GAS CORP	EL PASO PRODUCTION OIL & GAS COMPANY
Address: 1515 ARAPAHOE ST	Address: P O BOX 1148	Address: P O BOX 1148
TOWER 3 STE 1000		
DENVER, CO 80202	VERNAL, UT 84078	VERNAL, UT 84078
Phone: 1-(303)-572-3900	Phone: 1-(435)-781-7023	Phone: 1-(435)-781-7023
Account No. N9305	Account No. (N0230)	Account No. N1845

CA No.

Unit:

WELL(S)

NAME	SEC TWN RNG	API NO	ENTITY NO	LEASE TYPE	WELL TYPE	WELL STATUS
UTE 1-7A2	07-01S-02W	43-013-30025	5850	INDIAN	OW	P
UTE 4-19A2	19-01S-02W	43-013-30147	5895	INDIAN	OW	P
UNITA OURAY 1-1A3	01-01S-03W	43-013-30132	5540	INDIAN	OW	P
UTE 7-24A3	24-01S-03W	43-013-30203	5730	INDIAN	OW	P
SALARATUS WASH 1-7C5	07-03S-05W	43-013-30098	5480	INDIAN	OW	TA
UTE TRIBAL K-1	01-03S-06W	43-013-30280	4530	INDIAN	OW	P
CEDAR RIM 14	10-03S-06W	43-013-30345	6375	INDIAN	OW	S
CEDAR RIM 21	10-03S-06W	43-013-31169	10663	INDIAN	OW	S
UTE TRIBAL E 1-12C6	12-03S-06W	43-013-30068	8400	INDIAN	OW	P
UTE TRIBAL E 2-12C6	12-03S-06W	43-013-30500	4531	INDIAN	OW	S
H B TRIBAL FEDERAL 1-25	25-03S-06W	43-013-30417	10704	INDIAN	OW	S
UTE FEDERAL 2-25	25-03S-06W	43-013-31093	10711	INDIAN	OW	S
CEDAR RIM 11	27-03S-06W	43-013-30352	6380	INDIAN	GW	S
CEDAR RIM 11A	27-03S-06W	43-013-30797	6316	INDIAN	OW	P
CEDAR RIM 12	28-03S-06W	43-013-30344	6370	INDIAN	OW	S
CEDAR RIM 12A	28-03S-06W	43-013-31173	10672	INDIAN	OW	P
BLEY 2X-25C7	25-03S-07W	43-013-31636	11928	INDIAN	OW	TA
CEDAR RIM 16	33-03S-06W	43-013-30363	6390	INDIAN	OW	S
CEDAR RIM 15	34-03S-06W	43-013-30383	6395	INDIAN	OW	P
BH UTE 1-35C6	35-03S-06W	43-013-30419	10705	INDIAN	OW	P
UTE TRIB BRINK 5-1 (1-5D5)	05-04S-05W	43-013-30081	2305	INDIAN	OW	S

OPERATOR CHANGES DOCUMENTATION

Enter date after each listed item is completed

- (R649-8-10) Sundry or legal documentation was received from the **FORMER** operator on: 12/12/1999
- (R649-8-10) Sundry or legal documentation was received from the **NEW** operator on: 01/10/2000
- (R649-8-10) Sundry or legal documentation was received from the **FORMER** operator on: 05/01/2002
- (R649-8-10) Sundry or legal documentation was received from the **NEW** operator on: 05/01/2002
- The new company has been checked through the **Department of Commerce, Division of Corporations Database** on: 06/20/2002
- Is the new operator registered in the S YES Business Number: 608186-0143
- If **NO**, the operator was contacted on N/A

6. (R649-9-2)Waste Management Plan has been received on: PLAN IN PLACE

7. **Federal Wells:** The **BLM** has approved the merger, name change, or operator change for all wells listed on listed on Federal leases on: 06/10/2001

8. **Indian Lease Wells:** The **BIA** has approved the merger, name change, or operator change for all wells listed on Indian leases on: 06/05/2002

9. **Federal and Indian Units:**

The BLM or BIA has approved the successor of unit operator for wells listed on: N/A

10. **Federal and Indian Communization Agreements ("CA"):**

The BLM or BIA has approved the operator for all wells listed within a CA on: N/A

11. **Underground Injection Cont** The Division has approved UIC Form 5, **Transfer of Authority to Inject**, for the enhanced/secondary recovery unit/project for the water disposal well(s) listed on: N/A

DATA ENTRY:

1. Changes entered in the **Oil and Gas I** 06/20/2002

2. Changes have been entered on the **Monthly Operator Change Spread Sheet** on: 06/20/2002

3. Bond information entered in RBDMS on: N/A

4. Fee wells attached to bond in RBDMS on: N/A

STATE WELL(S) BOND VERIFICATION:

1. State well(s) covered by Bond Number N/A

FEDERAL WELL(S) BOND VERIFICATION:

1. Federal well(s) covered by Bond Number: N/A

INDIAN WELL(S) BOND VERIFICATION:

1. Indian well(s) covered by Bond Number: 103601473

FEE WELL(S) BOND VERIFICATION:

1. (R649-3-1) The **NEW** operator of any fee well(s) listed covered by Bond Number N/A

2. The **FORMER** operator has requested a release of liability from their bond on: N/A
The Division sent response by letter or N/A

LEASE INTEREST OWNER NOTIFICATION:

3. (R649-2-10) The **FORMER** operator of the fee wells has been contacted and informed by a letter from the Division of their responsibility to notify all interest owners of this change on: N/A

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
El Paso Production Oil & Gas Company

3a. Address *P.O. Box 1148 Vernal, UT 84078* 3b. Phone No. (include area code) *(435) 781-7024*

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SWNE Section 12-T3S-R6W-2038'FNL & 1898'FEL

5. Lease Serial No.
14-20-H62-2463
6. If Indian, Allottee or Tribe Name
Ute Indian Tribe
7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
Ute Tribal #E-1-12C6

9. API Well No.
43-013-30068

10. Field and Pool, or Exploratory Area
Altamont/Bluebell

11. County or Parish, State
Duchesne, Utah

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operations (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.

5/17/02: Pmp 10 Bbls KCL 2 GL DP61 Followed by 1500 GL 15% HCL Flush to BTM Perf w/480 bbls KCL, in order to increase production.

RECEIVED

JUL 01 2002

**DIVISION OF
OIL, GAS AND MINING**

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Sheila Upchego

Signature

Title

Regulatory Analyst

Date

June 27, 2002

THIS SPACE FOR FEDERAL OR STATE USE

Approved by _____ Title _____ Date _____

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

Division of Oil, Gas and Mining
OPERATOR CHANGE WORKSHEET

ROUTING

1. DJJ

2. CDW

Change of Operator (Well Sold)

X Operator Name Change

The operator of the well(s) listed below has changed, effective:

7/1/2006

FROM: (Old Operator):

N1845-El Paso Production O&G Company
1001 Louisiana Street
Houston, TX 77002

Phone: 1 (713) 420-2300

TO: (New Operator):

N3065-El Paso E&P Company, LP
1001 Louisiana Street
Houston, TX 77002

Phone: 1 (713) 420-2131

CA No.

Unit:

OPERATOR CHANGES DOCUMENTATION

Enter date after each listed item is completed

1. (R649-8-10) Sundry or legal documentation was received from the **FORMER** operator on: 7/5/2006
2. (R649-8-10) Sundry or legal documentation was received from the **NEW** operator on: 7/5/2006
3. The new company was checked on the **Department of Commerce, Division of Corporations Database** on: 3/30/2006
4. Is the new operator registered in the State of Utah: YES Business Number: 2114377-0181
5. If **NO**, the operator was contacted on: _____
- 6a. (R649-9-2) Waste Management Plan has been received on: _____ requested 7/18/06
- 6b. Inspections of LA PA state/fee well sites complete on: ok
- 6c. Reports current for Production/Disposition & Sundries on: _____
7. **Federal and Indian Lease Wells:** The BLM and or the BIA has approved the merger, name change, or operator change for all wells listed on Federal or Indian leases on: BLM not yet BIA not yet
8. **Federal and Indian Units:**
The BLM or BIA has approved the successor of unit operator for wells listed on: not yet
9. **Federal and Indian Communization Agreements ("CA"):**
The BLM or BIA has approved the operator for all wells listed within a CA on: n/a
10. **Underground Injection Control ("UIC")** The Division has approved UIC Form 5, **Transfer of Authority to Inject**, for the enhanced/secondary recovery unit/project for the water disposal well(s) listed on: 7/14/2006

DATA ENTRY:

1. Changes entered in the **Oil and Gas Database** on: 7/19/2006
2. Changes have been entered on the **Monthly Operator Change Spread Sheet** on: 7/19/2006
3. Bond information entered in RBDMS on: 7/19/2006
4. Fee/State wells attached to bond in RBDMS on: 7/19/2006
5. Injection Projects to new operator in RBDMS on: 7/19/2006
6. Receipt of Acceptance of Drilling Procedures for APD/New on: 7/5/2006

BOND VERIFICATION:

1. Federal well(s) covered by Bond Number: 103601420
2. Indian well(s) covered by Bond Number: 103601473
3. (R649-3-1) The **NEW** operator of any fee well(s) listed covered by Bond Number 400JU0708
- a. The **FORMER** operator has requested a release of liability from their bond on: n/a applicable wells moved
- The Division sent response by letter on: n/a

LEASE INTEREST OWNER NOTIFICATION:

4. (R649-2-10) The **FORMER** operator of the fee wells has been contacted and informed by a letter from the Division of their responsibility to notify all interest owners of this change on: 7/20/2006

COMMENTS:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL ☒ GAS WELL ☐ OTHER _____

2. NAME OF OPERATOR:
EL PASO PRODUCTION OIL AND GAS COMPANY N1845

3. ADDRESS OF OPERATOR:
1339 EL SEGUNDO AVE NE ALBUQUERQUE NM 87113 PHONE NUMBER:
(505) 344-9380

4. LOCATION OF WELL
FOOTAGES AT SURFACE: SEE ATTACHED

QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:

5. LEASE DESIGNATION AND SERIAL NUMBER:
MULTIPLE LEASES

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT or CA AGREEMENT NAME:

8. WELL NAME and NUMBER:
SEE ATTACHED

9. API NUMBER:

10. FIELD AND POOL, OR WILDCAT:
SEE ATTACHED

COUNTY: UINTAH & DUCHESNE

STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____ <input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> DEEPEN <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> NEW CONSTRUCTION <input checked="" type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PLUG BACK <input type="checkbox"/> PRODUCTION (START/RESUME) <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	<input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> WATER SHUT-OFF <input type="checkbox"/> OTHER: CHANGE OF OPERATOR

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

PLEASE BE ADVISED THAT EL PASO PRODUCTION OIL AND GAS COMPANY (CURRENT OPERATOR) HAS TRANSFERRED ITS OPERATORSHIP TO EL PASO E&P COMPANY, L.P. (NEW OPERATOR) EFFECTIVE ~~JUNE 30~~ July 1, 2006 AND THAT EL PASO E&P COMPANY, L.P. IS CONSIDERED TO BE THE NEW OPERATOR OF THE ATTACHED WELL LOCATIONS.

EL PASO E&P COMPANY, L.P. IS RESPONSIBLE UNDER THE TERMS AND CONDITIONS OF THE LEASE(S) FOR THE OPERATIONS CONDUCTED UPON LEASED LANDS. BOND COVERAGE IS PROVIDED BY THE STATE OF UTAH STATEWIDE BLANKET BOND NO. 400JU0705, BUREAU OF LAND MANAGEMENT NATIONWIDE BOND NO. 103601420, AND BUREAU OF INDIAN AFFAIRS NATIONWIDE BOND NO. 103601473.

El Paso E & P Company, L. P. N3065
1001 Louisiana
Houston, TX 77002

William M. Griffin
William M. Griffin, Sr. Vice President

NAME (PLEASE PRINT) CHERYL CAMERON

TITLE AUTHORIZED REGULATORY AGENT

SIGNATURE

DATE

6/20/2006

(This space for State use only)

APPROVED 7/19/06

Earlene Russell
Division of Oil, Gas and Mining
Earlene Russell, Engineering Technician

(See Instructions on Reverse Side)

RECEIVED
JUL 05 2006

DIV. OF OIL, GAS & MINING

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9			
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-2463			
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:			
2. NAME OF OPERATOR: EL PASO E&P COMPANY, LP		7. UNIT or CA AGREEMENT NAME:			
3. ADDRESS OF OPERATOR: 1099 18th ST, STE 1900 , Denver, CO, 80202		8. WELL NAME and NUMBER: UTE TRIBAL E 1-12C6			
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2038 FNL 1898 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SWNE Section: 12 Township: 03.0S Range: 06.0W Meridian: U		9. API NUMBER: 43013300680000			
PHONE NUMBER: 303 291-6417 Ext		9. FIELD and POOL or WILDCAT: ALTAMONT			
COUNTY: DUCHESNE		STATE: UTAH			
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
TYPE OF SUBMISSION	TYPE OF ACTION				
<input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 1/20/2010 <input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: _____ </td> </tr> </table>		<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: _____
<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: _____			
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. EL PASO REQUESTS ACCEPTANCE FOR RECORD TO PLUG AND ABANDON SUBJECT WELL PER ATTACHED PROCEDURE. BLM SUNDRY FOR APPROVAL HAS BEEN SUBMITTED.					
Accepted by the Utah Division of Oil, Gas and Mining		Date: <u>January 11, 2010</u> By: <u>Dan K. Duff</u>			
NAME (PLEASE PRINT) Marie Okeefe		PHONE NUMBER 303 291-6417			
SIGNATURE N/A		TITLE Sr Regulatory Analyst DATE 12/18/2009			



PLUG AND ABANDONMENT PROGNOSIS

UTE TRIBAL E1-12C6
API #: 4301330068
SW NE SEC 12-T3S-R6W
DUCHESNE COUNTY, UT
BLM LEASE #: 1420H622463

WELL DATA:

ELEVATIONS: GL 6,040' KB 6,058'
FORMATION TOPS: GREEN RIVER @ 3,447', TGR3 @ 6,883'; WASATCH @ 8,439'
DRILL DEPTH: 10,202'
PBTD: 10,172'
HOLE/CASING SIZES:

17-1/2" hole	13-3/8" 54.5# K-55 @ 515' with 500 SXS
12-1/4" hole	9-5/8" 40# S95, N-80 @ 7,888' with 750 SXS
8-3/4" hole	7" 26# S95 @ 10,199' with 550 SXS
	7" TOL @ 7,271'

PERFS:

8,448' – 9,368'

NOTE: Well has been cycling since June 1993.

CEMENT DESIGN: Class G Cement, 15.8 ppg, 1.15 FT3/SX. Displace with corrosion inhibited produced water.

ABANDONMENT PROGNOSIS:

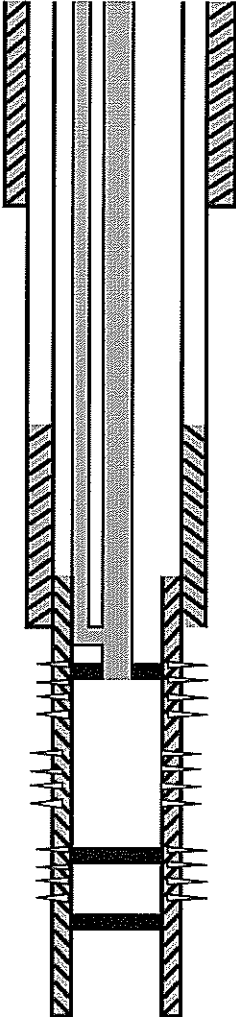
1. Notify BLM of P&A operations at least 24 hrs prior to starting abandonment operations.
2. MIRUPU. Blow well down to tank. Remove wellhead equipment. NUBOPE.
3. Unseat 2-3/8" tubing side string and TOOHL lying down.
4. Check for down hole hydraulic pump. Release 7" Baker TAC @ 8459' and TOOHL with 2-7/8" tubing and BHA.

5. Plug #1. Establish injection rate. Set 7" CICR @ 8400'. Squeeze perforations w/ 75 SXS Class G cement. Pump 60 SXS through CICR. Sting out of CICR and spot 15 SXS on top of CICR. If unable to establish injection rate, spot 200' plug 7,320-7,120' w/ 70 SXS (2% CaCl₂ optional). Reverse tubing clean with corrosion inhibited produced water. WOC and tag w/ tubing.
6. Plug #2. Spot 200' stabilizer plug 5,400-5,200' w/ 75 SX Class G cement (2% CaCl₂ optional). Reverse tubing clean with corrosion inhibited produced water. WOC and tag w/ tubing.
7. RU perforators and RIH to perforate squeeze holes at top of Green River @ 3,450'.
8. Plug #3. Establish injection rate. Set 9-5/8" CICR @ 3,400'. Squeeze perforations w/ 90 SXS Class G cement. Pump 60 SXS through CICR. Sting out of CICR and spot 30 SXS on top of CICR. If unable to establish injection rate, spot 200' plug 3,500-3,300' w/ 75 SXS (2% CaCl₂ optional). Reverse tubing clean with corrosion inhibited produced water. WOC and tag w/ tubing.
9. Free point, cut 9-5/8" casing at 565' and lay down. TIH with tubing to 615'.
10. Plug #4. Spot 130-150' balanced plug, 50' inside stub, (50' across open hole if any) and 50' into surface casing w/ 95 SXS Class G cement (2% CaCl₂ optional). Reverse tubing clean with corrosion inhibited produced water. WOC and tag w/ tubing.
11. RIH w/ 12 1/4" bit to TOC.
12. Plug #5. TIH w/ 13-3/8" CIBP and set above top of cement. Mix and spot 10 SXS Class G cement on top. Reverse tubing clean with corrosion inhibited produced water.
13. Plug #6. TIH to 100'. Mix and spot 75 SXS Class G cement surface plug (2% CaCl₂ optional). Cement surface annulus via 1" tubing if necessary.
14. Cut off casing 3' below ground level and install dry hole plate. Dry hole plate to include Well Name & Number, Operator, BLM Lease Number, Location – Qtr/Qtr - Sec, Township, Range. RDMOL
15. Restore location.

WELL NAME: UTE TRIBAL E 1-12C6
AS IS

SEC 12 T3S R6W
LAT 14:10.1 LONG 110:30:28.12
DUCHESNE COUNTY, UT
API# 4301330068
LEASE # 1420H622463

GL 6040'
KB 6050'



SURFACE 13 3/8" 54.5# K-55 515'

GRRV @ 3447'

TN1 @ 4744'

TGR3 @ 6883'
TOC @ UNK

TOL 7" 26# S95 7271'

INTERMEDIATE 9 5/8" 40# S95, N80 7888'

WASATCH 8439'
7" BAKER TAC @ 8459' 20K TENSION
PERFS 8448-10155' 12/71

PERFS 8760-9706' 11/93

CIBP @ 9414' 11/93

CIBP @ 9990' 3/92

PBTD 10172'

LINER 7" 26# S95 10199'
TD 10202'

BMSGW @ UNKNOWN
BHT 135° F @ 7888' 11/71

NOTE: NOT TO SCALE

HOLE SIZE	PIPE SIZE	WEIGHT	GRADE	SACKS	SET DEPTH
17 1/2"	13 3/8"	54.5#	K-55	500SXS	515'
12 1/4"	9 5/8"	40#	S95, N80	750 SXS	7888'
8 3/4"	7"	26#	S95	550 SXS	10199'
TOL	7"	26#	S95		7271'

PERFORATIONS		
PERFS	8448-10155'	12/71
CIBP	9990'	3/92
PERFS	8760-9706'	11/93
CIBP	9414'	11/93
OPEN PERFS	8448-9368'	

TBG DETAIL 1/06/2001

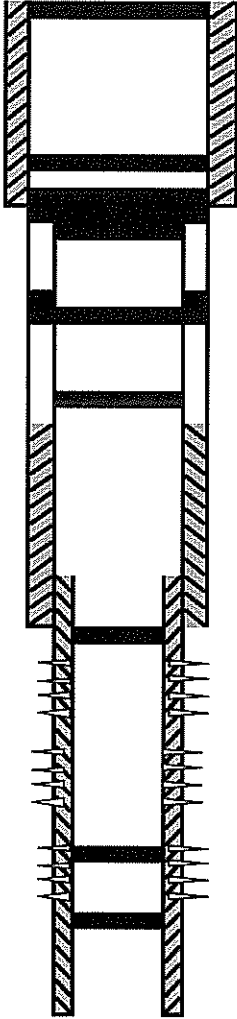
2 7/8" LANDING COLLAR 2 7/8"
1 JT 2 7/8" 8RD N80
XO 8RD TO NU LOK
276 JTS 2 7/8" N80 NU LOK
7' SUB XO TO 8RD
TRICO PUMP CAVITY @ 8332.70'
1 JT 2 7/8" 8RD N80
4' SUB
4 1/2" PBGA
1 JT 2 7/8" 8RD N80
TBG PLUG
6' PERF SUB
7" BAKER TAC @ 8458.64'
TBG LANDED W/ 20K TENSION

2 3/8" LANDING COLLAR
XO 2 7/8" 8RD TO 2 7/8" NU LOK
XO 2 7/8" NU LOK TO 2 7/8" 8RD
XO 2 7/8" 8RD TO 2 3/8" 8RD
2 4' SUBS 2 3/8" 8RD
XO 2 3/8" 8RD TO DSS-HT
262 JTS DSS N80 8296.73'
STINGER
TBG LANDED W/ 8K COMPRESSION

WELL NAME: UTE TRIBAL E 1-12C6
PROPOSED P&A

SEC 12 T3S R6W
LAT 14:10.1 LONG 110:30:28.12
DUCHESE COUNTY, UT
API# 4301330068
LEASE # 1420H622463

GL 6040'
KB 6058'



BMSGW @ UNKNOWN
BHT 135° F @ 7888' 11/71

NOTE: NOT TO SCALE

PLUG #6 100' TO SURFACE W/ 75 SXS CLASS G

PLUG #5 13 3/8" CICR @ 450' W/ 10 SXS CLASS G ON TOP

SURFACE 13 3/8" 54.5# K-55 515'
PLUG #4 615-465' W/ 95 SXS CLASS G

PLUG #3 9 5/8" CICR @ 3400' W/ 60 SXS CLASS G INTO AND 30 SXS ON TOP
GRRV @ 3447'
SQ HOLES @ 3450'
TN1 @ 4744'

PLUG #2 5400-5200' W/ 75 SXS CLASS G

TGR3 @ 6883'
TOC @ UNK

TOL 7" 26# S95 7271'

INTERMEDIATE 9 5/8" 40# S95, N80 7888'
PLUG #1 7" CICR @ 8400' W/60 SXS CLASS G INTO AND 15 SXS ON TOP
WASATCH 8439'

PERFS 8448-10155' 12/71

PERFS 8760-9706' 11/93

CIBP @ 9414' 11/93

CIBP @ 9990' 3/92

PBTD 10172'

LINER 7" 26# S95 10199'
TD 10202'

HOLE SIZE	PIPE SIZE	WEIGHT	GRADE	SACKS	SET DEPTH
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8 3/4"	7"	26#	S95	550 SXS	10199'
TOL	7"	26#	S95		7271'

PERFORATIONS		
PERFS	8448-10155'	12/71
CIBP	9990'	3/92
PERFS	8760-9706'	11/93
CIBP	9414'	11/93
OPEN PERFS	8448-9368'	

TBG DETAIL 1/06/2001

2 7/8" LANDING COLLAR 2 7/8"
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4 1/2" PBGA
1 JT 2 7/8" 8RD N80
TBG PLUG
6' PERF SUB
7" BAKER TAC @ 8458.64'
TBG LANDED W/ 20K TENSION

2 3/8" LANDING COLLAR
XO 2 7/8" 8RD TO 2 7/8" NU LOK
XO 2 7/8" NU LOK TO 2 7/8" 8RD
XO 2 7/8" 8RD TO 2 3/8" 8RD
2 4' SUBS 2 3/8" 8RD
XO 2 3/8" 8RD TO DSS-HT
262 JTS DSS N80 8296.73'
STINGER
TBG LANDED W/ 8K COMPRESSION

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-2463
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
2. NAME OF OPERATOR: EL PASO E&P COMPANY, LP		7. UNIT or CA AGREEMENT NAME:
3. ADDRESS OF OPERATOR: 1099 18th ST, STE 1900 , Denver, CO, 80202		8. WELL NAME and NUMBER: UTE TRIBAL E 1-12C6
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2038 FNL 1898 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SWNE Section: 12 Township: 03.0S Range: 06.0W Meridian: U		9. API NUMBER: 43013300680000
PHONE NUMBER: 303 291-6417 Ext		9. FIELD and POOL or WILDCAT: ALTAMONT
11.		CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 3/31/2010	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER:	
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER:	
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. EL PASO E & P COMPANY PLUGGED AND ABANDONED THE SUBJECT WELL PER THE ATTACHED REPORT.		
Accepted by the Utah Division of Oil, Gas and Mining FOR RECORD ONLY August 04, 2010		
NAME (PLEASE PRINT) Marie Okeefe	PHONE NUMBER 303 291-6417	TITLE Sr Regulatory Analyst
SIGNATURE N/A	DATE 8/3/2010	



EL PASO PRODUCTION
Operations Summary Report

Page 1 of 2

Legal Well Name: UTE TRIBAL E 1-12C6
Common Well Name: UTE TRIBAL E 1-12C6
Event Name: ABANDONMENT
Contractor Name: WESTERN WELLSITE SERVIC
Rig Name: WWS
Start: 3/22/2010
Rig Release: 3/31/2010
Spud Date: 9/29/1971
End: 3/31/2010
Group:
Rig Number: 1

Date	From - To	Hours	Code	Sub Code	Phase	Description of Operations
3/24/2010	12:00 - 17:30	5.50	C	06		HSM JSA TOPIC; RIGGING UP...MIRU
	17:30 - 18:30	1.00	C	06		CREW TRAVEL FROM LOC
3/25/2010	06:00 - 07:00	1.00	C	06		CREW TRAVEL TO LOC HSM JSA TOPIC; PRESSURE ON LINES
	07:00 - 10:00	3.00	C	08		CSIP= 50 PSI TSIP= 50 PSI...RU HOT OIL TRUCK FILL 2 7/8" TBG w 3 BBLs OF TPW PRESSURE UP TO 500 PSI BLED OFF PRESSURE
						RU ON 2 3/8" TBG FILL w 3 BBLs OF TPW CIRC WELL w HOT TPW...CIRC UP AND CATCH TBG PMP w 65 BBLs OF HOT TPW... LD SAME
	10:00 - 12:30	2.50	C	10		ND WELL HEAD NU BOPE
	12:30 - 16:00	3.50	C	04		TIH w 2 3/8" SIDE STRING LD STINGER...TTL OF 262 JTS
	16:00 - 18:00	2.00	C	04		ND BOPE ATTEMPT TO PULL TBG HANGER BOWL STUCK UNABLE TO PULL OUT OF WELL HEAD...NU BOPE RELEASE 7" TAC SOH w 2 7/8" TBG SECURE WELL SDFN
3/26/2010	18:00 - 19:00	1.00	C	06		CREW TRAVEL FROM LOC
	06:00 - 07:00	1.00	C	06		CREW TRAVEL TO LOC HSM JSA TOPIC; TRIPPING TBG
	07:00 - 12:00	5.00	C	04		FLUSH TBG w 65 BBLs OF HOT TPW... FINISH TOH w 2 7/8" TBG LD BHA...TTL OF 279 JTS
	12:00 - 15:00	3.00	C	04		PU 7" CICR TIH w 2 7/8" TBG SET CICR @ 8398'
	15:00 - 16:00	1.00	C	14		PMP 60 BBLs OF TPW DWN TBG ATTEMPT TO ESTABLISH INJECTION RATE...WELL ON VACUME PMP PLUG #1 100 SX OF CMT w 2% CC LCM STING OUT OF CICR...PMP 15 SX ON TOP OF CICR TOC @ 8318'
3/27/2010	16:00 - 17:30	1.50	C	14		TOH w 2 7/8" TO 7328' PMP 70 BBLs OF TPW SECURE WELL SDFN
	17:30 - 18:30	1.00	C	06		CREW TRAVEL FROM LOC
	06:00 - 07:00	1.00	C	06		CREW TRAVEL TO LOC HSM JSA TOPIC; TRIPS AND FALLS
	07:00 - 08:30	1.50	C	08		RU PMP FILL 9 5/8" CSG w 320 BBLs OF HOT TPW ESTABLISH CIRC
	08:30 - 12:00	3.50	C	14		PMP PLUG #2 @ 7328' 70 SX OF CMT w 2% CC TOH TO 6330' WOC...WHILE WOC CIRC WELL w 250 BBLs OF HOT TPW
	12:00 - 13:00	1.00	C	14		TIH w 2 7/8" TBG TAG PLUG #2 @ 7128' 200' OF CMT...PLUG #2 7328' - 7128'...TOH w 2 7/8" TBG TO 5402'...FILL CSG w 7 BBLs OF HOT TPW...TEST 9 5/8" CSG TO 500 PSI TEST GOOD BLED OF PRESSURE
	13:00 - 16:00	3.00	C	14		PMP PLUG #3 @ 5402' 80 SX OF CMT w 2% CC TOH w 2 7/8" TBG TO 3404' WOC
	16:00 - 18:00	2.00	C	14		TIH w 2 7/8" TBG TAG PLUG #3 5212' 190' OF CMT PLUG IS SHORT...PMP ADDITIONAL 20 SX OF CMT...TOH TO 4200'...SECURE WELL SDFW
3/28/2010	18:00 - 19:00	1.00	C	06		CREW TRAVEL FROM LOC
3/29/2010	06:00 - 06:00					NO ACTIVITY DOWN FOR WEEKEND
3/30/2010	06:00 - 07:00	1.00	C	06		CREW TRAVEL TO LOC HSM JSA TOPIC; WORKING WITH WIRELINE
	07:00 - 08:30	1.50	C	04		TIH w 2 7/8" TBG TAG PLUG #3 @ 5182' PLUG #3 5402' - 5182'... TOH w 2 7/8" TBG LD SETTING TOOL
	08:30 - 09:30	1.00	C	11		RU WIRELINE TRUCK RIH w 3 1/8" GUN PERFORATE @ 4600'...TIH w WIRELINE LD PERFORATING GUN
	09:30 - 10:00	0.50	C	08		RU RIG PMP FILL 9 5/8" CSG w 15 BBLs OF HOT TPW ESTABLISH INJECTION RATE 1 1/2" BPM @ 500 PSI...BLED OFF PRESSURE
	10:00 - 12:00	2.00	C	04		PU 8 1/2" BIT TIH w 2 7/8" TBG TO 4520'...TOH w 2 7/8" TBG LD 8 1/2" BIT
	12:00 - 14:00	2.00	C	04		PU 9 5/8" CICR TIH w 2 7/8" TBG & SET @ 4499'
	14:00 - 15:30	1.50	C	14		PMP PLUG #4 125 SX OF CMT 100 SX INTO CICR STING 25 SX ON

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EL PASO PRODUCTION
Operations Summary Report

Page 2 of 2

Legal Well Name: UTE TRIBAL E 1-12C6
Common Well Name: UTE TRIBAL E 1-12C6
Event Name: ABANDONMENT
Contractor Name: WESTERN WELLSITE SERVIC
Rig Name: WWS
Start: 3/22/2010
Rig Release: 3/31/2010
Spud Date: 9/29/1971
End: 3/31/2010
Group:

Date	From - To	Hours	Code	Sub Code	Phase	Description of Operations
3/30/2010	14:00 - 15:30	1.50	C	14		TOP...TOC 4431'
	15:30 - 16:00	0.50	C	04		TOH w 2 7/8" TBG LD SETTING TOOL
	16:00 - 16:30	0.50	C	11		RU WIRELINE TRUCK RIH w 3 1/8" GUN PERFORATE @ 3450'...TIH w WIRELINE LD PERFORATING GUN RD WIRELINE
	16:30 - 17:00	0.50	C	08		RU RIG PMP FILL 9 5/8" CSG w 12 BBLS OF HOT TPW ESTABLISH INJECTION RATE 1 1/2 BPM @ 250 PSI
	17:00 - 17:30	0.50	C	04		TIH w 18 JTS OF 2 7/8" TBG SECURE WELL SDFN
3/31/2010	17:30 - 18:30	1.00	C	06		CREW TRAVEL FROM LOC
	06:00 - 07:00	1.00	C	06		CREW TRAVEL TO LOC HSM JSA TOPIC; TRIPPING TUBING
	07:00 - 09:00	2.00	C	14		TOH LD 18 JTS OF 2 7/8" TBG...PU 9 5/8" CICR TOH w 2 7/8" TBG TO 3385' SET CICR PMP PLUG #5 90 SX OF CMT 60 SX INTO CICR STING OUT 30 SX OF CMT ON TOP...TOC 3304'
	09:00 - 10:30	1.50	C	04		TOH w 2 7/8" TBG LD SETTING TOOL
	10:30 - 12:00	1.50	C	11		RU WIRELINE TRUCK PU 3 1/8" PERFORATING GUN TIH AND PERFORATE @ 565'...TOH w WIRELINE LD 3 1/8" GUN RD WIRELINE
	12:00 - 13:00	1.00	C	08		RU RIG PMP FILL 9 5/8" CSG w 20 BBLS OF TPW ESTABLISH CIRC UP 13 3/8" ANNULAS
	13:00 - 15:00	2.00	C	11		PU 9 5/8" CICR TIH SET @ 496'...CIRC WELL CLEAN DWN 9 5/8" CSG UP 13 3/8" ANNULAS w 40 BBLS OF HOT TPW...PMP PLUG #6 120 SX OF CMT 100 SX INTO CICR STING OUT 20 SX ON TOP...TOC 442'
	15:00 - 15:30	0.50	C	04		TOH w 2 7/8" TBG LD SETTING TOOL...TIH w 2 7/8" TBG TO 100' PMP PLUG # 7 100' OF CMT TO SURFACE w 40 SX
	15:30 - 16:30	1.00	C	10		ND BOPE ND WELL HEAD DIG OUT AROUND WELL HEAD CUT OFF CSG 3' BELOW GROUND LEVEL
	16:30 - 17:30	1.00	C	14		ATTEMPT TO RIH w 1" POLLY TO 50' FAILED RU PMP CIRC 1" CONT WORKING TO 50'...PMP PLUG #7 50' OF CMT IN 13 3/8" ANNULAS w 30 SX WOC SDFN
4/1/2010	17:30 - 18:30	1.00	C	06		CREW TRAVEL FROM LOC
	06:00 - 07:00	1.00	C	06		CREW TRAVEL TO LOC HSM JSA TOPIC; RIGGING DOWN
	07:00 - 09:00	2.00	C	14		ADD 5 SX OF CMT TO 13 3/8" ANNULAS
	09:00 - 12:00	3.00	C	06		WELD INFO PLATE...RDMO TURN WELL OVER TO BE RESTORED GPS N 40 * 14.155' W 110 * 30.507

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